Fundamentals of Child Development and Child Care

Poonam Sharma • Lata Gairola

FUNDAMENTALS OF
CHILD DEVELOPMENT AND CHILD CARE

To
our Parents

Fundamentals of
CHILD DEVELOPMENT
AND
CHILD CARE

POONAM SHARMA
and
LATA GAIROLA

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Preface

This book in two parts deals with the various aspects of child development and child care. The first part explains the fundamentals of the subject : the meaning, concept and principles of child development. It includes topics on the physical, emotional, mental and social development of children at different stages. The concept and task of personality development in children are also dealt with.

In the second part of the book, which covers child care, detailed knowledge is provided about health and hygiene, common ailments of children, immunisation and prevention of diseases.

The book should be useful to graduate and post-graduate students of Home Science and Psychology, as well as parents and students doing Montessori teachers' training programmes from women's polytechnics.

Any suggestions for the improvement of this book will be gratefully acknowledged and adopted.

POONAM SHARMA
LATA GAIROLA

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PART 1

CHILD DEVELOPMENT AND THEIR PERSONALITY

1

Growth and Development

MEANING AND CONCEPT OF CHILD GROWTH AND DEVELOPMENT

Development of the child can be defined as the emergence and expansion of his capacities to provide greater facility in functioning. This development is achieved through the process of growth, maturation and learning which has two aspects of change : those of quantity and quality.

Development is achieved through the processes of growth which refers to quantitative change in size and structure; it also refers to an increase in magnitude—in body size, in muscular strength, and in intellectual ability. Growth is also an integrated, unitary process. For instance, the various parts of the body have their own growth rates. The head grows rapidly in fetal and infant life and at a diminishing rate during the next ten years. A serious disturbance of this growth may affect development of the brain, resulting in delay in the acquisition of such skills—as walking, social adaptation and speech. Furthermore the speed at which the growth occurs is not the various age periods. In the first six months, it is exceedingly same at rapid, so that a 6–months old baby is twice his birth weight. By the end of the first year, birth weight is up by three times and a child of 2 years weighs four times his birth weight. In the following years until puberty, growth is at a lower pace.

However, development is not just limited to growing larger. It consists of a progressive series of changes of an orderly coherent type towards the goal of maturity. We can also say development is more than a concept which can be observed, apprised and to some extent even measured in three major terms—anatomic, physiologic and behavioral. Development consists of a transition from lower to higher stages of activity or function on the part of a child. The changes which occur in the development may be change in size, change in proportion, disappearance of old features and acquisition of new features etc. Development of physical and mental traits of the individual comes partly from an intrinsic maturity of those traits and partly from exercises and experiences that he undergoes. Growth is a measure of physical maturation. It signifies an increase in the size of the body and its different organs. Thus it can be measured in terms of centimetres or inches and kilograms or pounds. The growth of different body systems are at different paces. For example, the nervous system shows maximum growth in the first year of life and after that it grows very little. A serious disturbance of growth may affect the development of the brain resulting in delay in the acquisition of skills like writing, social adaptation and speech.

Human growth and development can be thought of as a process of continuous change through time. Some changes are predictable and sequential that is, they take place in a fixed order. Infants, for example, can be expected to roll over before they sit, sit before they stand, stand before they walk, and walk before they run. When the child has passed through each successive stage of development, he reaches the end of this process which is called maturity. In some aspects of life, maturity arrives at a fairly early age; in others much later.

General Principles of Child Growth and Development

The human being is never static. From the moment of conception until death, the individual is constantly changing. After the egg is fertilized, growth begins as cells begin to separate into layers according to their position in the cluster. The outer layer, ectoderm, becomes for the most part, the sense organs and nervous system. The middle layer, the mesoderm, is the primary source of the skeleton and muscles. The inner layer, endoderm, develops into the viscera, the internal organs and the glands. With the formation of these layers specialised development then takes place and the new organism emerges. Biologically, life begins at the moment of conception. Birth is merely a break in the path of growth and development that has been going on for about nine months. During these nine months before birth, growth and development are more rapid than at any other time in life.

There are certain features which are characteristic of human development, and which influence greatly the form it takes. Growth and developent follow certain principles :

(1) Development follows a pattern—Every species whether animal or human follows a pattern of development peculiar to their species, and the rate and limits of development are similar for all members of the species. In the case of human beings, development is in an orderly pattern. The relatively helpless, unskilled, uncontrolled infant achieves the succession of development tasks by an orderly sequence of acquisitions. For example, the child who is born prematurely may lag behind in development for about a year, but may catch up with the norms afterwards and follow the same pattern as other children.

(2) Every individual normally passes through each major stage of development—Each stage has certain characteristics some of which stand out more conspicuously than others. Since there are individual differences in the rate of growth, age limits for different stages can be regarded as merely approximate and suggestive. However, the entire period of development is divided into the following stages :

(a) Pre-natal period—from conception-birth
(b) Neo-natal stage—from birth-2 weeks
(c) Infancy —from 2 weeks-one year
(d) Babyhood —from one year-2 years
(e) Childhood —from 2-12 years
(f) Adolescence —from 13 onwards

(3) Development proceeds from general to specific response— In all phases of development, whether motor or mental, the child's responses are of a general nature before they become specific. In both prenatal and postnatal development general activity preceds specific ones. For example, the baby waves his arms in general movements before he is capable of specific responses such as catching. In speech, the young child learns general words before specific ones—babbles before he speaks.

(4) **Development is continuous**—There is no discontinuity in development. It is a continuous process from the moment of conception to death. For example, the baby cannot take its first step in walking until it has learnt the long process of body control. This is true of speech also, it gradually evolves from the cooes, gurgles and babbling sounds made by the baby from the time of birth.

(5) **Individual differences in rate of development remain constant**—There is plenty of evidence to show that the rate of growth is constant. Those who develop rapidly at first will continue to do so, while those whose development was slow will develop slowly. Curves of heights have shown that children who are tall at one age are tall at other ages also, while those who are short remain short. Weight and height measurement at half yearly intervals for boys and girls upto 13 years, who had been grouped according to birth weight revealed that the direction of difference noted at birth was maintained during childhood.

(6) **The rate of development is different for different parts of the body**—Not all parts of the body grow at the same rate, nor do all aspects of mental growth proceed equally. The different phases of mental and physical growth occur at their own individual rates and reach maturity at different times. In some areas of the body, the growth is rapid, while in others, the growth may be slow. Thus the pattern of relative size of the organs of the body changes from time to time.

(7) **Most traits are co-related in development**—The popular assumption that compensation is a general rule in the development of a child is not borne out by experimental studies. It is not true that the child who is above average in one trait will be below average in others, as a means of equalising his capacities. The rate of development for different parts of the body differs, but they are compensatory in the above average growth in height during one period which may be accompanied by below average growth in weight. Gesell observed that there is

a relationship between the development of physical and mental traits. Development of language, for example, is related to the development of speech organs. It is difficult to find someone who is above average in one trait but below the normal in another trait. Genetic studies have shown that desired traits go together.

(8) **Development is predictable**—Since the rate of development for each child is constant, it is possible to predict at an early age the range within which the mature development of the child is likely to fall. Knowing what the ultimate mental development of a child will be is of outstanding value in the planning of his education and in helping him to train for the type of work he is best suited to carry out.

(9) **Each development phase has traits characteristic of its own**—At each age, some traits develop more rapidly and more conspicuously than others. Each stage of development is distinguished by a dominant feature, a leading characteristic, which gives the period its coherence and unity. Upto the age of 2 years, for example, the baby concentrates on his environment, growing control over his body, and learning to speak. From the age of 3-6 years his development is concentrated on making him a more social creature.

(10) **Many forms of so called "Problem behaviour" are normal behaviour of the age in which they occur**—Every age has certain undesirable forms of behaviour which are normally found at that age, and are outgrown as the child passes onto the next stage of development. For example, lying is a common mode behaviour just when the child enters the school. Similarly, day-dreaming is quite normal in early stages of school. Hence the child's behaviour is to be predicted and understood against the expected behaviour of his age.

(11) **Individual differences exist in development**—All children do not reach the same point of development at the same speed at the same age. Some children differ in their rate of development, going through the sequential steps as expected, but at a slower or faster rate than average children. Thus there are "slow growers" and "fast growers". These differences are influenced both by hereditary potentials and environmental

factors. For example, all the children have the same organs, the same body constituents, the same functions but all instances differ in some degree in both structure and functioning of these organs.

The knowledge of principles of development is important as it helps us to know when and what to expect from children. It makes it possible for parents, teachers and others who work with children to prepare the child ahead of time for the change that will take place in his body, his interests and his behaviour.

MATURATION AND LEARNING

The term 'Maturation' is usually used to designate qualitative change, that is, changes in the complexity of structure which make it possible for a structure to begin functioning, or to function at higher levels. It refers to internally determined patterns of change in such things as body size, shape, and skills that begin at conception and continue until death. Maturationally determined development, in its pure form occurs regardless of practice or training. For example, most of the growth of the foetus in the womb is governed by maturation; changes in the body shape, the development of organs, and so on all occur without intervention from outside. Moreover, maturational development does not stop at birth. The development of skills in crawling, walking, running and climbing are also acquired in sequence and are the result of internal physiological changes.

But actions such as swimming, cycling, skating require training or practice. Thus maturation covers the anatomic, physiologic and chemical changes of the body that occur with time, and over which the child has only slight control. They push the child towards adulthood. The effect of such changes fail unless there is an appropriate environment.

The word maturation is often used as a synonym for the word growth, but they do not mean exactly the same thing. Growth is a sign of life. It refers to some kind of step-by-step change in quantity as in size. A child's body may increase in size because his diet has changed through an external influence or because of changes in the size of his bones and muscles, governed by the internal maturational time table.

Learning—Learning refers to the acquisition of a new behaviour or modification of the previous behaviour through some kind of practice, exercise or effort by the individual. Through learning, the child acquires competence in using his heredity resources. He must, however, have some opportunity to learn. A child may have mechanical aptitude but if in the environment he does not get a chance to play and manipulate different mechanical activities, then his mechanical aptitude will not develop. No hereditary tendencies can mature fully without proper environmental support.

Some learning comes from practice or repetition of an act. Such learning may consist of imitation, in which the child consciously copies what he sees others do or it may consist of identification, in which he attempts to adopt as his own—the values, attitudes, motives and behaviour of those he admires or loves. Learning may also come through training, i.e., from selective, directed and purposive activity, in which the child is directed in his behaviour by adults or older children. Most forms of learning cannot take place until children are 'ready' both in general bodily development of muscles, nerves and physical proportions, and in interest and willingness to learn.

Interaction of maturation and learning—Maturation is an orderly sequence of events determined by the growth of neuromuscular structure. Learning, on the other hand, is acquisition of new skills, due to environmental stimulation.

The development during the pre-natal period comes mainly from maturation and is very little dependent upon activity, resulting in fetus which are well developed and active and which acquire skills more readily in post-natal life than those which were less active. However, post-natal maturation and learning are closely inter-related. Maturation and practice go hand in hand—without sufficient maturation practice is ineffective, without practice the ability which has matured may disappear.

The child learns many things from society, and the neighbourhood where he lives. If he is physically and mentally well-developed, he assimilates and accommodates more from experiences than the child who does not have a well-developed structure. Development thus depends on the interaction of heredity-environment and social and cultural forces of the environment.

Piaget has said, the child tries to adapt himself to the environment and in doing so he acquires new behaviour in a coordinated sequence. This concept of coordinated sequence automatically confirms the notion of physiological maturation of the organism—Learning helps in acquisition of new behaviour, but the sequence in which different developments occur depends upon the maturation or aging. Maturation sets limits, beyond which development cannot go even when learning is encouraged. Gesell has said, "The intrinsic growth is a gift of nature. It can be guided, but cannot be created, nor can it be transcended by an educational agency."

The relationship between maturation and learning can also be examined from the point of view of readiness. The developmental cognitive theorists like Piaget and Kohlberg believe that a child cannot learn unless he is ready to learn. Whether one talks of motor activities, sensory conditioning, or higher forms of learning, maturational readiness of the physical and mental apparatus of the child is a must. Many studies show that until a child has readiness to learn, training in any particular activity is useless and may even establish negative feelings towards the activity which will retard learning. On the other hand, if he is ready he may display this fact by showing an interest in the activity. At such a point he will benefit greatly from practice and teaching in the activity. He will, in fact, be eager to learn and will practice the newly developing skills.

HEREDITY AND ENVIRONMENT

Heredity—At the time of conception when the parent cells fuse, a unique biological pattern is fixed. It is a most important moment in the life of a child since at this time a pattern for his growth and development is set. Every human being starts life as a single cell—the fertilized ovum. The normal male and female cells together have 46 chromosomes containing at specific positions the genes which are the true units of heredity. One half, i.e., 23 chromosomes are inherited from the father and the other half are inherited from the mother. Each individual carries thousands of genes which work in pairs. In ome cases one gene is dominant while the other is recessive. Since genes are acquired from parents, the child is more like the parent genetically than like people in general. However, many characteristics which are recessive in both parents, and therefore not visible in them, may turn up in the child. This is one reason why children do not always resemble their parents as closely as might be expected.

It is a matter of chance which chromosomes and which set of genes will take part in the formation of a new individual. With 23 chromosomes and thousands of genes in each human reproductive cell, the formulations and combinations are endlass. As a result, each human being is unique. The resemblance as well as the difference between parents and children, and between the children of the same parents, are due to the transmission of genes from one generation to another. As far as some physical characteristics are concerned obviously traits such as eye colour, hair colour and texture, number of fingers and toes and hundreds of other physical and anatomical details are firmly set by heredity. Heredity, also plays a part in general vitality and certain physical disorders.

Environment—The environment supplies nourishment and other biological needs and also provides protective shielding and opportunity for functional stimulation. Environment includes habits of living—such as sleeping, eating, activity and adjustment to one's circumstances and to people. Normally it is observed that the child who gets too little protein is likely to do poorly in school and be shorter. A child raised in an unstimulating orphanage environment is likely to be slow in talking, slow in walking and generally retarded in development. Many studies show that personality development of children are directly influenced by child rearing practices.

Role of Heredity and Environment—Heredity and environment cannot be separated. There are gradations in the relative influences of the two factors. Certain characteristics cannot be atributed to heredity almost exclusively. In others, there is a strong environmental component. Yet again others can be attributed primarily to heredity in one set of circumstances, and to environment in another. Genes cannot function unless the various aspects of the environment play their necessary roles. On the other hand, the influence of the environmental factor is subject to very definite limitations. No normal environment force can change an individual with chromosomes of one species, into an individual with the characteristics of a different species.

The question of environmental influences can be best studied as a matter of specific analysis, particularly when we consider, the factors which affect individual differences. Some children become criminals not because of a particularly bad environment but because of internal instabilities that prevent from making a satisfactory adjustment to the requirements of them life. Most criminality, however, is thought to be environmentally determined. Most diseases, like turberculosis have agenetic component of susceptibility, and a large nongenetic component involving environmental factors.

Heredity too makes different contributions to different traits. It's effect varies with environmental conditions. Each species has hereditary characteristics that impose limits on what environmental influences may accomplish.

There have been many studies of the effect of heredity and of environment upon the development of intelligence and personality. Studies of pairs of identical twins reared separately, and of identical twins reared together, as contrasted to pairs of fraternal (non-identical twins) reared together have led to the conclusion that environment does modify intelligence, personality and educational achievement. Skodak and Haldone 1938 pointed out that, among adults in England under 40 years of age, illiteracy is probably most often due to either mental deficiency or to blindness, but in India today illiteracy may be attributed primarily to the lack of educational opportunity.

Thus, in answer to the question "Which is more important nature or nurture?" We may conclude that the development and growth of a child is influenced by both heredity (nature) and environment (nurture) as both are indispensable.

NEED AND IMPORTANCE OF THE STUDY OF CHILD DEVELOPMENT

Every individual grows through many changes. His opinions, attitudes and aspirations undergo continuous changes.

The study of child development or child psychology teaches parents to plan activities and experiences for their children and to take proper care of their children by developing a proper understanding with them thus fulfilling their needs.

Child psychology studies the behaviour of the child in all situations such as home, school, and community, and also explains how a child passes through various stages of growth and gives an idea about the characteristics of each stage.

The teacher or parents can have knowledge of the pattern of development of a child. For example, neither all parts of the body nor all aspects of mental growth take place together. For example, memory for concrete objects develops during the early years, whereas memory for abstract materials develops in the late years. The power of learning is highest in the early years.

It gives detailed knowledge about the relationship of heredity and environment which are both responsible for human growth and development. The child gets his mental and physical qualities from his parents, but development of these qualities is affected by his environment.

Child development also explains problem behaviour of children which are expected at various stages, and suggests various ways to handle these. Thus, a mother can understand better what behaviour is the characteristic behaviour at which stage and which behaviour is the problem behaviour. Furthermore it provides knowledge about the nutritional pattern and nutritional needs of children. The parent-child relationship is one of the most important factors of child development. Many individuals in society show evidence of maladjustment and serious emotional disturbance, causes of which lie in, unhealthy relationship between parents and children.

In addition to the above knowledge, child psychology is important for every individual as it gives additional information about character formation, his personality development, health and sanitary rules, simple diseases, and immunisation to develop the child into a healthy and balanced youth.

2

Stages of Development

Development can be described in different ways. The most common way of describing it is according to chronological age. A brief description of the several stages may now be given to show how children behave differently at successive ages. The outline will indicate how children learn new and more complex tasks as they grow older. Each stage has certain characteristics, and in each stage certain behaviours or traits stand out more conspicuously than others. Since there are individual differences in the rate of growth, age limits for different stages can be regarded as merely approximate and suggestive. However, the entire period of development is divided into the following stages :

(1) Pre-natal period,
(2) Post-natal period.

PRE-NATAL DEVELOPMENT

Pre-natal development refers to the development from conception to birth. The first step in the development of a single human being is obviously conception, i.e., the moment when a single sperm cell from the male pierces the cell of the ovum of the female. However, before conception occurs, the ovum and spermatozoon must go through a maturational process. At the beginning of this union of sperm and ovum, the chromosomes line up and split and the process of development begins. The fertilized ovum or zygote is very small at conception, about 1/175 of an inch in diameter.

This period of conception upto the time of birth of the baby is known as the pre-natal period, which can be sub-divided into three phases

Period of Ovum—This period extends from the time of fertilization upto the end of the second week of life. During this period the size of the ovum is about the size of a pinhead and hardly changes because it does not receive any external nourishment. Around 10-14 days after fertilization, the ovum attaches itself to the uterine wall and derives nourishment from the mother. The period of the ovum then comes to an end.

Period of embryo—The period of the embryo extends from the third week to the end of the second lunar month. Growth of the embryo is rapid. By the end of this period it has all the important external and internal features of a human being. The heart begins to function by the end of the third week and by the end of the second month the embryo is approximately 1½ to 2 inches long and weighs 2 gms to 2/3 ounces.

The inner cell of the fertilized egg which develops into an embryo begins to differentiate into three layers from which different organs develop :

(*a*) *Ectoderm*—The outer layer from which skin, hair, nails etc develop.

(*b*) *Mesoderm*—The middle layer out of which muscles, skeleton, circulatory, excretory organs develop.

(*c*) *Endoderm*—The inner layer out of which gastro-intestinal track, eustachian tube, lungs, liver, pancreas, salivary glands etc., develop.

Various nutritional substances from the mother passes to the embryo through the placenta which regulates embryonic development.

Period of foetus—This period extends from the end of the second lunar month up to birth. Upto this time the foetus had been passively floating quietly in the amniotic fluid. It now becomes capable of reacting to active stimulation. By the end of the third month, it becomes about 3 inches long, weighs 3/4 of an ounce, muscles, eyelids and nails are developed and the sex of the foetus can also be determined.

Around the fifth month, when the foetus becomes 4½ inches long, the mother begins to feel its movement. By the end of the

5th month it becomes 10 inches long and weighs about 8 to 9 ounces and resembles a human being. The finger's can now grip, eyes blink, the mouth opens and closes. By the seventh month almost all sensory functions appear in the foetus except sensitivity to pain. Many children born at this stage reveal the following characteristics: muscle and bone development is poor, breathing is irregular, head turns to sides; crying is absent and there is no definite period of waking and sleeping. These functions become well-developed when the foetus reaches the end of the 10th lunar month. The nervous system is by then adequately developed and functions independently.

Factors affecting pre-natal development—Human development is complex. Growth and behavioural characteristics are the result of the interaction of heredity and the environment.

Maternal nutrition—The unborn child's nutrition comes from the maternal blood stream through the placenta and umbilical cord. Hence if the mother suffers from malnutrition complications such as anemia, toxemia etc., complications such as premature and still birth, miscarriages do arise more frequently. The mother's diet must contain sufficient proteins, fats and carbohydrates to keep the child healthy.

Vitamin deficiency—Deficiency of Vit. C, B_6, B_{12}, D, E and K is especially detrimental to proper pre-natal development.

R-h-incompatibility—Incompatibility between the maternal and paternal blood types causes damage to cells, often serious enough to result in death or permanent injury to the child;

Parental age—While there is no evidence that paternal age affects the unborn child's development, the female reproductive apparatus is not fully mature before 21 years of age, and the hormones needed for reproduction have not reached their optimum levels. After 27 years, hormonal activity gradually decreases in the female.

Maternal emotions—In mild maternal stress, foetal activity and foetal heart rate increases. Mother's emotion influences the foetus through glandular changes caused by her emotions. If tensions occur early in pregnancy then damage done to the foetus is more.

Drugs—Too little is known, to date, about which drugs are safe for a pregnant woman to use andw hich may be damaging to her unborn child. Pregnant women are strongly advised to take no drugs without their doctor's knowledge or consent.

X-Rays and Radium—When used in early pregnancy for therapeutic purposes, X-rays and radium are usually damaging to the unborn child. When used for diagnosis towards the end of the pregnancy, they have no effect on the foetus.

Alcohol—If used frequently and heavily, alcohol is likely to damage the unborn child's physical and mental development.

Infections and chronic diseases of mother—Mothers who suffer from syphilis face miscarriage. Their children may be extremely weak and mentally deficient. German measels during early pregnancy, may lead to the child being mentally retarded, deaf mutism, cardiac lessions, cataracts etc. Mothers who suffer from diabetes nuring pregnancy give birth to children with respiratory and circulatory troubles.

Birth hazards—Certain factors at the time of birth may also cause damage to the unborn child : hemorrhaging, failure to breathe easily, increase of birth injury or injury to the head. During delivery the blood vessels in the brain are destroyed. Hence supply of oxygen to the brain becomes limited as a result of which the child may die or become mentally deficient.

POST-NATAL DEVELOPMENT

The post-natal period starts after the child emerges out into the world after remaining for 280 days in the mother's womb. This post-natal period is divided into the following stages.

1. Neo-natal stage — Birth to 2 weeks
2. Infancy — 2 weeks to 1 year
3. Babyhood — 1 year to 2 years
4. Childhood — 3 years to 12 years
    (a) Early childhood — 3 years to 6 years
    (b) Late childhood — 6 years to 12 years
5. Adolescence — 13 onwards.

The child has to pass through all these stages to attain maturity in various fields.

1. Neo-Natal Stage—This stage is the beginning of life outside the mother's womb to the end of the second week. The neonate now simply learns to adjust to his new-environment, growth is almost nil. At birth a baby is nongregarious. He has no interest in people as long as his body needs are taken care of.

Characteristics

1. The neonate has many reflexes like rooting, grasping, sucking etc.
2. The neonate is sensitive to visual, auditory, thermal pressure and pain stimuli.
3. Higher rate of responding to certain types of visual pattern is observed.
4. The neonate displays considerable subile variations in sleeping, attentiveness, smiling and crying behaviour.

2. Infancy—This stage ranges from 2 weeks till the end of the 1st year as the child learns to adjust to the new environment around him. Infancy is also called the oral stage because in this stage the infant is particularly concerned about feeding, uses the mouth to examine objects, and gains satisfaction from such activities as sucking a thumb or a nipple.

During the first two months of life, he merely responds to intense stimuli in his environment. Sleeping, eating and exercising are the major business of infants, because not only does he now grow rapidly in length and weight, his internal organs also develop. He is not supposed to carry any responsibility to care for himself in any capacity except to exert the effort of eating when food is presented to him.

Erickson states that the first year of life is the crucial time for the establishment of the first component of a healthy personality, namely, the sense of trust. As the infant finds his needs for food, cleanliness and comfort met by his parents, he comes to feel that his needs will be met when they arise.

Characteristics

1. For first six to nine months the baby's physical growth and development are very rapid.
2. The child spends most of the time sleeping. Average time range is from 18 hours to 22 hours in a day.
3. The sense organs develop. He learns to smell and taste, and particularly to see, to hear and touch, and blends these learnings into eye-ear, eye-hand and hand-mouth coordinations.
4. The child seems helpless in the starting weeks but the helplessness begins to decrease as the nervous system develops, as muscles strengthen and as bones harden.
5. In the starting weeks the child expresses his requirements by crying only, but as he develops his vocabulary increases. He learns to speak two or three meaningful words and understands a considerable amount of language.
6. All normal babies begin to babble around the age of one month and continue to produce a variety of vocalisation.
7. By the end of this period children slowly learn to control their different muscles. They develop muscular strength for standing alone, and soon start walking independently.
8. The first tooth appears around the 5th-6th month and permanent teeth begin to form during the first year.
9. Foods that differ from milk in flavour and consistency are introduced, although vegetables and meats are at first sieved or scraped.
10. At this stage the child adjusts to the new feeding conditions. Weaning takes place from too close attachment to the mother and one's own babyhood.
11. He in his own way, discovers the beginning of authority, reactions to success and to failure, the satisfaction of work to accomplish results, the pleasure of the struggle that leads to achievement.

12. At 6-9 months the struggle to trust or to mistrust the world comes to a climax as the child comes to realise that he and his environment are things apart.

3. Babyhood—Between one year to two years many dramatic changes takes place as the child becomes less helpless and more independent. By the end of this stage children learn that they cannot have their own ways all the time. The process of socialisation starts.

Characteristics

1. During the second year, baby's physical growth and development slows down, though changes in body proportion and development in the neuro-muscular system permit the rapid acquisition of balance and skill.
2. Mental growth and development progress rapidly.
3. Learns to gain control over his bodily movements.
4. The child gains in visual perception and also learns to interpret what they see.
5. Children engage in active exploration and manipulation of their environment.
6. The process of socialisation starts as children learn the types of behaviour they have to adopt in different situations.
7. By the end of this stage babies learn to speak in incomplete sentences that have three to five words. The words used are mainly nouns, verbs and adjectives.

4. Childhood—Childhood, the period between three and twelve years of age, is an extremely impressionable age, where all the little things that the child learns in the starting years will be carried over with him into adulthood. This period is divided into the period of early childhood and the period of late childhood.

(a) Early childhood—This period of early childhood ranges from 3-6 years. From the physical point of view childhood is a period of consolidation because the gains during infancy and babyhood are consolidated during childhood. The development of girls is faster than boys at this stage. The child tries to copy his elders in every way he can. At this stage, the need for self-assertion and confused sense perception and judgements, produce the negativism or temper-tantrums that characterises this period. Food strikes are the frequent manifestation of this negativism. This is also a period of rapidly expanding awareness of other people as separate from oneself. At this stage the child is conscious of his looks and feels unhappy if he is conspicuously different from other children. This is also a period when conscience begins to function as an inner censor of his behaviour.

Characteristics

1. Physical development continues at a slower rate because of which his appetite may decrease temporarily.
2. The muscles are more evenly distributed and muscular coordination is increased. The control of elimination moves towards perfection in these years.
3. The bones develop in size and shape.
4. The nervous system becomes more mature.
5. There is rapid increase in vocabulary and the child can express his thoughts and emotions in simple sentences. He can relate stories; Rapid expansion of understanding also occurs.
6. The power of imitation is very active.
7. The child seeks to gain control over his environment. His instincts such as curiosity, self-display, and acquisi tion become active.
8. The child learns to make social adjustments. He develops emotional attachment to his parents and other family members, and learns primary social manners.
9. The child is almost self-dependent and learns to do many routines of home life.
10. The child has imaginary friends. There is an increase in the fear of imaginary creatures, the darkness, animals, threat of harm and ridicule.
11. The child in this stage learns 'I', 'me' and 'you'.

12. The child learns to control temper. This is the most important accomplishment of this period since it represents a real beginning in self-control and cooperation with others.
13. At three years, the child has all his deciduous teeth and is forming many of the permanent teeth.
14. In mental growth the spectacular achievements of this period are in the acquisition of rapidly increasing control over general body skills and hand controls.
15. Reasoning and problem-solving improve in direct proportion to the opportunity the child has to reason and to solve the simple problems of his daily living.

(b) Late Childhood—The period of 6 years to 12 years is considered as late childhood period. The child gradually moves towards mastery of aspects of formal thought, which means that by the end of this stage he is likely to be able to deal with hypothetical propositions. Girls grow at a faster rate from 9 years onward. The child becomes curious to accumulate a large amount of knowledge and information from his surroundings. This stage is also known as the gang age. During this stage the child consolidates his previous learning and carries forward earlier growth accomplishments. This period is one in which children are more "on their own" in physical routine, and one in which correct food, rest and elimination habits can function without close adult supervision. They strengthen their habit of good physical hygiene by learning the reason for such habits. The child becomes more efficient in self-care, and can take simple health precautions. They show an eagerness to external horizons intellectually as well as physically.

Characteristics

1. Major increase in the size of the body is the main characteristic of this stage. Physical growth becomes slow and steady. There is remarkable growth in height, weight and improvement in motor skills. Many underlying changes preliminary to pubescence take place.

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2. The major development is building up friends with peer team spirit. Social development takes place through social experiences.
3. Maturity occurs. Girls mature faster than boys.
4. At this stage children move from egocentric to socialised speech and thought.
5. The self concept emerges in children. The child at this stage learns the importance of productive work. Learning how to do things and to do them well is an important aspect of this stage.
6. The children show interest in comics, movies and television.
7. Moral development also takes place. The child's conscience (superego) begins to develop in identification with parents. The moral development is related to intellectual development.
8. Affection, sympathy, and cooperation among the group members emerge during this period.
9. Emotional stability in the conduct and behaviour of the child takes place. He learns to have control over his emotional expressions.
10. Control over the mind is also an important aspect of this stage. Most children enjoy the feeling of having learned new and difficult things.
11. The development of hobbies and interests take place.

3

Areas of Development

PHYSICAL DEVELOPMENT

Physical development can be defined as the series of anatomic and physiologic changes taking place between the beginning of pre-natal life and senility. It denotes change in size, quality and quantity. Motor development is also associated with physical growth and proceeds in general, from head to foot. For example, the baby first lifts his head from a surface and later he moves arms, shoulders and abdominal muscles.

Change in Height, Weight and Shape

The most important feature of the early years of life is the rapidity of growth. Different parts of the body grow at different rates. The hands and feet grow fastest, followed by the arms and legs. The trunk is the slowest part to grow. Scammen (1930) has shown that in pre-natal life the various parts of the body follow a similar growth trend, but after birth this course diverges. He has grouped the various growth trends under four types :

1. The lymphoid type : It includes the thymus, lymph nodes and intestinal lymphoid masses.
2. The neural type : It includes the brain and its parts.
3. The general type : All external dimensions excepting head and neck are included. It also includes the respiratory and digestive organs, kidney, aorta and pulmonary trunk, muscles and the skeleton as a whole.
4. The Genetal type : These include testes, ovaries, uterine tubes etc.

Change in Height—The height of the new born is one-third of the final height, and by the end of the second year the child gains about half of his total height. At the time of birth the child measures about 19-20 inches in height, and in one year his height increases to about 30 inches. In the second year 5 inches are added to his height. After this, child gains about 2-2½ inches every year until adolescence.

From birth through the period of growth, boys and girls differ in the amount and pattern of physical growth. Girls are generally more mature than boys of the same age. The period of 'spurt' starts around 10-11 years for girls, and 12-13 years for boys. The growth during this time is less intense for girls and lasts for a shorter period than the boys' adolescent spurt. During this time boys will add an average of about 8 inches to their height, while girls will add an average of about 6½ inches. Girls physical growth is steadier and more predictable than that of boys.

Change in weight—The average weight of newborns varies between 6-8 pounds. In the 4-6 months after birth infants double their birth-weight, and by the end of the first year, the birth weight is tripled; by the end of the second year birth weight quadruples, and after this there is steady increase of about 5 to 6 pounds per year.

The weight of boys is more in infancy and childhood as compared to girls. During the period of 'spurt' boys gain about 45 pounds of weight while girls gain approximately 35 pounds. Weight gain is influenced by exercise and disease.

Change in other body parts—Although growth in the first half year after birth is rapid, changes in body proportion are relatively slight. The hands, feet, arms and legs are much longer or larger in proportion to the rest of the body. The head to body length ratio also changes from 1 : 4 at infancy to 1 : 7½ at adulthood; lower limbs change from 1 : 3 for infants to 1 : 2 for adults.

Skeleton structure, musculature and distribution of fat also change markedly during the growth and maturation process. The bones harden at different rates, those in the hands and wrist stiffen completely. Hand and foot growth is faster at first, followed by increase in growth rate for calf, forearm, hips, chest, shoulders, trunk and depth of chest. In males, from puberty to maturity, growth of the trunk and limbs is at first equal, followed by a relatively rapid growth of trunk later. In females from puberty to maturity, the trunk develops in the lumber region and the pelvis enlarges. The most important factor influencing physical development is nutrition. Malnourished or under-nourished children will not have average height. Certain diseases also interrupt in normal growth of height and weight. The amount of exercise and socio-emotional adjustment will also effect height and weight growth. Children brought up in homes where there is a great deal of emotional stress may not grow as fully as they should. In many cases, bright children are larger than dull children and reach puberty slightly earlier.

Motor Development

The most important development of children in the first year is the development of the ability to control many muscles and the coordination of different maturing systems. At birth children are helpless to the extent that they cannot move their body and are unable to grasp anything placed near them. By the end of the first year they are able to coordinate different parts of their body and control their different muscles. Many studies have shown that this control follows an orderly pattern. Motor performances involving arms, wrists and fingers such as reaching, grasping and thumb opposition develop in a sequence. Motor ability of the child helps him to cope with his environment, and modifies his physical health.

1. Principles of Motor Development

Motor control comes from maturation and learning—The pattern of motor control are the same for all children, but comes mainly from maturation and learning. Maturation is a primary factor in the appearance of various motor skills such as, vision and other motor movements which will later branch off into running, jumping and skipping. Jumping over a fence or catching a ball or playing marbles which require bonding become more efficient with maturation and learning.

Motor development follows a pattern—Motor development follows a predictable pattern. The baby can first raise his head before he can raise his shoulders; can move his shoulders before he can lift his stomach, and so on. This means growth progresses from trunk to arms and legs to fingers and toes. In attaining a sitting position the baby goes by turning his whole body to a ventral position, then squats on all fours, and finally pushes himself upright.

Motor development proceeds from the mass to the specific—As practice proceeds, mass responses become progressively displaced by more specific responses. For example, stimulation of the food at first evokes activity from the entire body and, a few weeks later, it evokes merely a purposeful withdrawal of the food.

The rate of motor development is different for individuals—The rate of reacting at every stage is different for every individual. For example, the vast majority crawl before they walk; however, some walk before they crawl.

2. The Course of Motor Development

Motor development adopts two directions—from head to foot (cephalocaudal, and from the centre of the body outward (proximodistal) Cephalocaudal progress is shown by the head before sitting and standing up. Proximodistal development is demonstrated through the movement of arms, legs and shoulders before writing with a pencil. Motor development occurs in four major areas—the head region, the trunk, the arms and hands, and legs and feet.

The head region—There is an upward head movement when the new born is placed on his stomach. By the time the child is 3-4 months he can coordinate the movement of his eyes onto an object in any direction the object moves. This follows the control of lip muscles by smiling, spitting and making simple sounds. By the age of 5 months the child learns to raise his head when lying on his back and can hold his head up when sitting with support.

The Trunk Region—Control over the trunk muscles develop after the control over the head region. A two months old child can turn his body from the back to his side. A six months old gains control over his body and can turn his body completely around and also tries to pull his body to a sitting position with help. He can also control his bowel muscles and by the time he completes fifteen months he learns bladder control.

Arms and Hand Control—A two weeks old child can make many defensive movements. A three months old child brings his hands together in front of his body and can also grasp a toy if kept between his fingers. This is called "primitive grasp". By the time the child is 6 months old he can grasp the object more securely. Now he can pass his toy from one hand to the other hand, and carries the object to his mouth. Between eight and nine months forefinger and fingertip grasping develops. By 12-15 months the child can scribble with a pen or pencil.

Leg Control-Hitching is the first motor leg control by the child. When the child is 6 months old he learns to crawl. By 9 months he can push his body forward on hands and knees. A ten months old child can stand with support and by the end of the first year he can walk with little support and quickly gain control over leg muscles and soon walks without support. At eighteen months he can climb steps on hands and knees.

3. Factor Effecting Motor Development

Individual differences—The age for maturation for each individual is different and this difference creates individuality in motor development. Most of the children crawl before they walk, however, some walk before they crawl, and the ages at which the children enter the various developmental stages may also vary.

Sex—There are no sex differences in activity level in infancy. These surface when children attain the age of social play. For example, boys are encouraged to play with blocks or to do woodwork while girls are encouraged to indulge in more passive activities.

Fantasy—A child's fantasy life plays an important role in motor development. Many motor skills are learnt during play activities that have imaginative content, for example doll play and housekeeping.

Culture—According to many researchers there is difference in age at which various skills are attained in different societies. For example, hunters—succeed in rearing infants who walk earlier.

Intelligence—The relationship between intelligence and motor development, specially during the first year of life is important. Babies who are extremely slow in sitting, standing, or walking generally prove to be backward in intellectual development. The age of walking, in particular has been found to be associated with intelligence.

Poor physical condition There is a close relationship between the physical condition of a child and motor development. It has been proved that the child of superior health is more precocious in motor development than the child whose physical condition is poor. It can be explained that the child in poor physical condition gets less opportunity for exercise and physical activities and so does not get the practice needed to develop skills.

EMOTIONAL DEVELOPMENT

Every child is born with the potential for emotional expression. Emotion is a label for a vast range of psychosomatic states which involve feeling, perception or awareness of an event or circumstance. The word emotion covers conditions of both positive and negative character. The condition in which an individual is eager, zestful, jubilant and moved is referred to as a positive condition, while on the other hand the condition in which an individual feels disturbed, distressed and moved away or against is referred to as a negative condition. In psychology negative emotion is treated primarily as a form of disorder and distress.

All emotions play an important role in the life of a child, each contributing to the social and personal adjustment of the individual. The child is capable of profound emotional expression even before birth. At the time of birth the child has simple emotions but as he grows, more complex emotions are developed through maturation and learning. A newborn's emotions are diffused and lack in differentiation. By the end of the first year the baby develops fear, anger, jealousy, envy, curiosity, joy and affection. The number of emotional reactions is dependent upon age. Nagative reactions predominate in the second half of the first year of life. On the other hand the positive reactions are highest at the age of three.

Emotional Maturity

The concept of emotional maturity is important not only for older people but also for normal and disturbed children. This concept indicates emotional adjustment and emotional stability. The term 'Emotional Maturity' simply means being grown up so that we may be able to personally manage our desires and feelings. Though age normally increases knowledge and understanding of the child but the quality of emotional reaction does not show remarkable change, e. g., many of the adults also respond to frustration and disappointment, the way a ten-year-old child does. Many adults also seek the attention and approval of others just as they wanted ten years ago.

Expression of emotions in young children is likely to be direct and physical. As the child grows his expression of emotion also matures and he shows this emotion by less direct methods. As the child grows older his intellectual capacity, and his capacity for dealing with aspects of life develops, and all this gives rise to his capacity to perceive, to remember and to anticipate events. This affects directly his senses and he becomes emotionally responsive to signs and symbols which promise guidance of his welfare and wishes and, is increasingly able to control his impulses. With growth and development a child develops the capacity to identify himself with a larger social group and learns to participate emotionally in it.

If given adequate help by adults, a child can outgrow certain infantile fears, angers, jealousies, joys, and pleasures. His joy will be aroused by less childish things and will be expressed in less childish ways. The expression of emotions will also be less gross and explosive and will become more subtle and indirect and his emotional state will be less transitory and more prolonged and even. Saul (1947) concluded that if a child has grown up in a healthy manner, he will not, at maturity, be involved in hostilities or any campaign of self-vindiction that arise out of previous childhood struggles and frustrations.

Importance of Childhood Emotions

An emotion represents effective feeling tones in which the whole body participates. An individual is not born with any set patterns of emotional behaviour, rather these attitudes and feelings are developed as he grows and have a profound effect upon the way he reacts to any situation. Both positive and negative types of emotions have importance for children:

1. **Emotions affect social interaction**—By the expression of different emotions a child learns to modify his behaviour and learns about social standards and expectations. Some negative behaviours like anger and jealousy encourage unpleasant social interaction while joy, affection, happiness encourage pleasant social interaction, and both types help in better social adjustment.

2. **Emotions add pleasure to everyday experience** -The after effects of emotions give pleasure to the children. For example, emotions like joy, pleasure, and happiness give the child some excitement.

3. **Emotions serve as a form of communication**—The child can communicate his feelings for a particular situation or a person by changing his bodily and facial expressions.

4. **Emotions serve as social and self-evaluation**—The maturity of the child can be evaluated by observing his reactions and expressions in different situations.

5. **Emotions affect the psychological climate**—In the home, school, neighbourhood, playgroup, the child's emotions influence the psychological climate of his environment and also affects him.

6. **Emotions influence physical growth**—The emotional climate, love or the lack of it, good or poor discipline, adequate

or inadequte intellectual growth will all determine the rate and pattern of his intellectual and personality growth.

Common Childhood Emotions

Fear—Fear has been defined as a form of defensive flight from any circumstance which threatens a person's well-being. Physical and immediate stimuli such as sudden noise, strange objects, situations or persons can be sources of fear.

How fears are acquired —The situations in which fear arises even at a very early stage are quite diverse. There are fears which arise due to conflict such as those aroused by pain or loud noises. The other types of fears are those which arise due to sensory deficit like fear of darkness, or loss of support. Most fears are learned, but not all are learned in the same way. Some come from direct association of experiences, while others are acquired through imitation, for example, fear of doctor, dentist, large animals. Fears can also be imagined, for example through fairy tales, television, radio, and comic books.

The fear of the unfamiliar or fear without prior conditioning are also results of exposure and learning. This means that in the course of a child's experiences, there are fears which arise by virtue of lack of conditioning or lack of familiarisation to events or ideas that are not generally fear producing.

The fear of unfamiliar objects or loud noises is very common, in the first two years. These then decline and practically disappear by middle childhood. As the child passes from the pre-school to the elementary school age, he develops courage and skill, and learns to fear less the threats to his physical body, and instead fears threats to his prestige and to his ego. Children of six years show fear of the supernatural such as ghosts and witches and of the elements such as thunder, rain, wind and fire. By 7 years children show fear for war, spies, burglars, and people hiding under the bed. The fear of being late for school also appears. Fear of failure and of not being liked by people is common among 8 year olds. Ten to 12 year olds are fearful of things as being in the dark, animals, crowds and heights. Fourteen year olds show fear of low grades at school, world conditions and not being liked by peers.

Children who have been ill frequently seem to exhibit more fears than healthy children. The reason for this is that sick children lack physical strength and may also feel the anxiety of their parents that they may die.

Imitation is a simple learning process through which the child develops many fears. The mother who is afraid of dogs, thunder and lightning, unwillingly displays more of her anxiety to the child.

Anger

Anger, like fear is a response to a threatening circumstace, but here the impulse is to move against, rather than to move away from the source of the disturbance. The circumstances which provoke anger range from those in which a person is restrained from bodily movement to circumstances in which he perceives or believes that his expectations, ideas, or his pride and self-esteem are or might be under attack.

The frequency and intensity with which children experience anger is different for every individual. Some can withstand anger provoking stimuli better than others. This intensity varies according to a child's physical and emotional state.

Development of anger—At the early stages anger responses are direct and primitive. As children grow these responses become less violent and more symbolic. A child's susceptibility to anger at any given maturity level is influenced by the limitation, urges and the activity tendencies, and involves both maturation and learning. Interference with physical activities, restraints connected with physical care (bathing, dressing) gives rise to anger.

During the first few months the child shows his anger at his inability to make himself understood through his babbling sounds, particularly when there is some change in his daily routine. At the age of two when a child's physical habits are getting established, the interruption of play arouses anger. At this age children normally develop conflicts over play with other children. The second year is the age when the child is rough with his friends, animals and his toys and he shows anger by throwing himself on the floor or screaming tantrums. At this time he may hit people or even show his anger by biting other children.

As the child reaches the age of 3-4 years he expresses his anger through the means of language. The child is now often calling names, bragging or boasting, making sarcastic or hurtful remarks. In pre-school children one way of showing anger to friends is by excluding them from the social group which they have formed after a long period of time. As the child grows older and as his relations with people outside the home become increasingly important to him, there is an increase in frequency of annoyances pertaining to people other than his relatives. He expresses anger by hurting the feelings rather than physically. The child's need to protect his pride, his independence and his self-respect represents his most important cause for anger.

Dealing with childhood anger—The child's lack of skill in handling the situation is generally the main cause of anger in children. As the children grow they acquire skills to handle the situation and perform difficult tasks and this diminishes the intensity of anger. Many behaviour problems occur at different stages but they fade out as the child grows older. Thus the best way to handle these problems is simply to wait for the child to grow.

Assignment of tasks that are very difficult to perform, restrictions in space, both psychological and physical, or having to stay within rigid confines may increase tension that leads to aggressive feelings. In such circumstances adults should be tolerant in dealing with the situation. Too much strictness may lead to repression by the child of these forms of behaviour resulting in accumulation of emotional tension and conflict. The child should be taught to control his anger gradually. Adults should show a great deal of understanding in dealing with anger. A task which is easy for one child may prove an intolerable burden for another less able child. The child living in a small, well regulated, peaceful and well-balanced family achieves control over his anger emotion. On the other hand he finds it difficult or impossible to control anger if he is living in a large, over-demanding, and emotionally unstable family. Physically handicapped children are also prone to anger. While dealing with the situation parents should evaluate the home background and personal background of each child in order to be of possible help in emotional development.

Jealousy

Jealousy has been termed as a hybrid emotion arising from a child's interpersonal relationships. Jealousy occurs mostly in combination with anger, feelings of inferiority, self-pity and grief. The most common source which leads to this emotion is sibling rivalry, i.e., the hostility between brothers and sisters. A child may be jealous of a favoured sibling, or of a playmate who has rich toys. The child who feels insecure in his relationship with a loved one and is afraid of losing status in that person's affection often develops this emotion.

Children's reactions to jealousy may be direct or indirect. Very young children react by hitting, kicking, biting or scratching—showing direct reactions. Some children react indirectly by sucking their thumbs, bed-wetting or may revert to infantile habits—such as demand to be fed and dressed when actually he is well able to take care of himself. The child may express his jealousy by displaying affection and helplessness, or a tendency to lie and tattle. The child may also become subdued in his behaviour.

The 'jealous child' exhibits marked symptoms. Most of his behaviour shows an underlying feeling of uncertainty and insecurity and he may repeat this behaviour until it develops into a habitual pattern of jealous behaviour.

The child's relationship with family members including siblings has a marked influence on his attitude towards them as long as he lives. The conflicts which he develops in adulthood with his people are similar to his childhood. Jealousy of the baby is strongest in the child under five, because he is much more dependent on his parents and has fewer interests outside the family circle whereas a child of 6 or more has drawn away a little from his parents and is building a position for himself among his friends.

Joy and Pleasure

Joy is the emotion to express delight or happiness. These emotions arise from different situations for different children. Some may feel joy and pleasure by gifts, excursions, parties and games and experiences with new places and things. Older children feel joy in visits with friends, being able to enjoy the companionship of a certain person and happenings which affect their relationship with members of their families.

Joyful emotions are always accompanied by smiling or laughing and general relaxation of the entire body. Very young children express their emotions by jumping up and down, clapping the hands, hugging the person or animal, and by rolling on the floor. As the child grows he becomes less noisy and shows emotions in a more mature way. Girls and boys also have different ways of showing their emotions. Boys show it by slapping someone close-by and girls show it by petting a pet animal or doll or pillow if no close friend is present.

Many pleasant emotions appear from physical well being, cooing, babbling, standing, walking, comics etc. Joyful emotions ensure the mental well being of a child and help him to adjust socially and personally. His physical condition is also affected by joy which gives him a pleasant outlook on life. Helps him to feel relaxed, and enables him to use relaxed muscles for skilled movements. The child who is full of joy develops a favourable self-concept based on reasonable self satisfaction.

Moreover, joy act as a magnet to attract friends. Such children are like a model for other children and adjust very well in school, home and the playground.

Love and Affection

Love and affection is an emotional reaction expressed towards a person, an animal or a thing. During the first year of life children begin to show a spontaneous love and affection for others. This emotion arises with a minimum of social stimulation; and at this early age the ability to accept love and the ability to show affection are very closely inter- related.

As the child grows his love and affection expands in scope. At first he shows love and affection for his parents and immediate members of the family but as he grows he starts showing love for other things in his environment such as pets, his toys, the house he lives in, and this brings changes in the quality of his affection, and gains to appreciate the feelings of others.

The relationship between the child and his parents conditions the intensity of love. This feeling will vary for the different family members. The infant has greater affection for his mother than for his father because she spends most of her time with the child and is less of a disciplinarian. With regard to the sibling, the child will show strong love for that sibling who will not ignore, criticise, or tease him. The same is applicable outside the home also, the child shows more love and affection for the peer, teacher or adult who likes him and shows it through speech and behaviour.

If the parents show their love to a child by making him feel that he is liked for his own sake and he is something valuable and loved as a personality of his own, such love has a great influence on his mental and emotional development and the development of the self. The child feels emotionally satisfied if he is loved by people, and, feels freedom to do the things that lead to learning, rather than doing childish and foolish activities.

A five to six months old child shows his feeling of love and affection by kicking, waving his arms, smiling and later by reaching for the loved ones. By the end of the first year they show their feelings by kissing patting and hugging. Pre-school children show their love through verbal expressions such as using words like good, o.k., excellent etc. Children at this stage learn to control their emotions but occasionally express these emotions in a very childish way when they are surprised by an unexpected gift from a loved one.

Needs and Drives

The chief psychological basis of personality development lies in inherent propensities (instinct, urges and needs). As the child grows, his needs are constantly changing in intensity and degree of differentiation. Every individual has certain needs that determine the course of his life. Food, air, water etc., are his basic wants. Apart from these physical needs, he has to look after certain social and economic needs too, and it is, when these needs remain unfulfilled, that there is a psychological disbalance. The tension that is caused due to non-fulfilment of these needs continues till these have been fulfilled in one way or another. Thus, a need is a tension within an organism which tends to incite activity directed towards their attainment.

Drive is the product of need. It is an original source of energy that activates the human organism. According to Hilgard *et al*, "Drive is a term that is often used in motivation research. It refers to a process of motivation which occurs when a state of need exists." (Hilgard, Atkinson and Atkinson, 1971).

Thus, the psychologist may say that the hungry cat was in a state of need for food, and therefore was in a state of high drive or motivation. It may seem to the student that drive and need are similar concepts, but this is not necessarily the case. An obese person may eat large quantities of various foods even though his bodily needs are very low. Therefore, his hunger drive is high while his physiological need is low. Thus, psychologists refer to need as a physiological necessity of life and to drive as a condition which motivates behaviour (Dember and Jenkins, 1970; Hilgard, Atkinson and Atkinson, 1971; Kimble and Garmezy, 1963). A need is an organic state of deficiency or excess, which sometimes can be corrected by appropriate behaviour such as eating and drinking. But a drive is a tendency to behave in a manner that corrects an organic need. Thus, need activates drive, and drive activates behaviour.

The concept of need began to be used when Cannon (1932), developed the concept of 'homeostasis'. The first distinguishing feature of homeostasis may be stated as follows—If an organism is disturbed, there is a tendency for the organism to return to its prior state by elimination of the disturbance. A single celled Amoeba encounters water which is too cool for its survival; it locomotes towards water which is warmer; and thus its survival and continued life-functions are maintained. Hunger or thirst, a disturbance occurring from food or water deprivation upsets the homeostasis of the organism. This disturbance is a need. Eating or drinking will reduce the need, and the organism returns to a relative homeostatic balance for sometime. So we may conclude that, the instigation of the behaviour of eating or drinking is due to the need, setting up a drive mechanism in the individual.

Furthermore drive mechanisms do not operate to control behaviour under all conditions of need. For instance, man needs oxygen in order to sustain homeostasis, but the behaviour of breathing is under reflexive control. If an oxygen deficit occurs, respiration rate rises automatically, while too much oxygen in the system will decrease respiration rate. Thus needs are reduced or controlled by reflexive behaviour rather than by drive processes.

Types of Needs—According to Murray, there are five different types of needs :

—Primary and secondary
—Proactive and reactive
—Overt and covert
—Focul and diffuse
— Effective and modal.

Primary and secondary types of needs—The primary needss are those of an organic—biological nature as for food, water, air, elimination of bodily wastes and, in Murray's opinion, sexual activity. These are basic in the sense that they are concerned with the very existence of an individual.

The Secondary or Psychogenic need comes from the primary needs but in a diffuse and indirect manner by a process of growth. Illustrative of these are the needs for acquisition, construction, achievement, recognition, exhibition, dominance, autonomy and difference. These needs develop only through social interaction and thus maintain the social well-being of an individual.

Proactive and reactive types of need—The Proactive need is determined from within and becomes "Spontaneously Kinetic" as the result of something in the person rather than in the environment. Reactive needs on the other hand are activated as a result of, or in response to, some environmental event. Both needs are intricately interwoven in something of a cause-effect relationship.

Overt and covert types of needs—Needs which can be openly expressed, and which society will sanction are called overt or open. Examples are—achievement dependence, and counteraction. Covert needs usually belong to the world of fantasy or dreams. Covert needs are generally the outcome of the development of internalised structures (Super-ego), that define proper or acceptable conduct. These needs cannot be given free expression without violating the social conventions or standards.

Focal and diffuse needs—Some needs are closely linked to limited classes of environmental objects, whereas others are so generalised as to be applicable in almost any environmental setting. Thus in the need for deference one might want only to admire and support one person. This is the focal need. On the other hand in the need for harm-avoidance he wishes the needs to avoid all kinds of pain which has an universal quality of hurt that every one wants to avoid.

Effect and modal types of needs—An effect need is one that leads to a direct and identifiable goal object. Murray, however, has insisted upon the equal importance of process activity and modal needs—tendencies to perform certain acts for the sake of the performance itself. The random, uncoordinated non-functional operation of various processes (vision, hearing, thought, speech and so forth) that occurs from birth is called process activity. This is "sheer function pleasure", doing for the sake of doing. Modal needs, on the other hand, involve doing something with a certain degree of excellence or quality.

Inter-Relation of Needs

Needs do not operate in complete isolation from each-other and the nature of their interaction or mutual influence is of crucial theoretical influence. Murray accepts the fact that there is a hierarchy of needs with certain tendencies taking precedence over others. The concept of prepotency is used to refer to needs that "become regnant with the greatest urgency if they are not satisfied." Thus in situations where two or more needs are aroused simultaneously and motivate incompatible responses, it is the prepotent need (such as pain, hunger, thirst) that ordinarily will be translated into action first as these needs cannot be postponed. A minimal satisfaction of such needs are necessary before other needs can operate.

The motives of the young child are entirely based on the primary needs. Allport believes that in the first two years of life, the total behaviour of the infant is based on motivation derived from the organic needs and may be called "absolutely dependable motives". These are universal motives present in all cultures, races, geographical regions, and in both sexes. The most important consequence of dissatisfaction or inadequate satisfaction of these primary drives is that the child's entire energy is geared to the satisfaction of these motives, leaving no time for the drived motives which are vital for his social well-being.

According to Suttie, the infant mind is dominated from the beginning by the need to retain the 'mother' a need, which if thwarted, must produce the utmost extreme of terror and rage. To him the need for the love of the mother and consequent dependence upon her is the most fundamental need. In his view, the love for mother, in turn becomes need for company, attention, protectiveness and finally parental "love" and interest, social feeling, etc.

During development, new needs may arise by way of differentiation from the previous one. Behaviour in a specific situation usually results from a combination of several needs; in this way a "derived need" for this behaviour may arise. Such a derived need may be kept dependent upon the source needs, or may become functionally autonomous (Allport, 1937). Some needs also seem to die gradually in various periods of the life history of the individual.

Generally speaking, needs may be changed by changes in any part of the psychological environment, by changes of the inner-personal regions, by changes on the reality level as well as on the irreality level (for instance by a change in hope), and by changes in cognitive structure, of the psychological future and of the psychological past (Lewin, 1942).

Types of Needs

Needs may be classified as under:

(1) Biological needs (2) Psychological needs

1. Biological Needs—The biological needs that appear most relevant to human behaviour include visceral needs, the need for stimulation and activity, the need for safety and avoidance of pain, and the need for sexual gratification.

Visceral needs—The most basic to all human needs are those for food, water, sleep, the elimination of wastes, and for other conditions and substances necessary for life. In order to survive, the organism must constantly renew itself through rest and the taking in of nutrients to replace material used up in the process of living. Prolonged interference with the process of renewal such as insufficient rest, inadequate diet, emotional strain may deplete a person's adjustive resources and result in increased vulnerability to stress.

Sex—Sex can be an important source of satisfaction and self-realisation or else a source of anxiety and self-devaluation. In any case, sexual motivation is probably second only to the hunger motive in its far-reaching implications for both personal and social living.

Stimulation and activity—Psychological integration depends upon adequate contact with the outside world. There should be an optimal level of stimulation and activity that varies with time but must be maintained within limits for normal psychological functioning. Under some conditions—such as boredom—we may strive to increase the level of stimulation by doing "Something different" or engaging in an "exciting" activity. On the other hand, under excessive pressure or "overload", we may strive to reduce the level of input and activity.

Safety and avoidance of pain—From early infancy the child tends to withdraw from painful stimuli. The threat or experience of pain is acutely unpleasant and highly motivating. Severe hunger, thirst, and fatigue can be extremely painful; certain emotions—particularly anxiety are also painful and highly motivating. In fact, anxiety has been referred to as "psychic pain". In this sense, just as pain serves as a warning or indicator to protect us from bodily harm, it can serve also as a safeguard against psychological damage.

2. Psychological Needs—Psychological requirements for healthy human development and functioning are influenced by learning and social requirements to a greater degree than are biological requirements, and the goals relating to their gratification are capable of greater variation.

Curiosity—Human beings are inherently curious and strive to understand and achieve a meaningful picture of their world. This is essential for evaluating new situations and guiding adjustive actions. Social customs, rules and laws are in part a reflection of this need for order and predictability.

Adequacy, Competence, Security—Each individual needs to feel capable of dealing with life's problems. Seeing oneself as incapable of coping with a stressful situation is conducive to confusion and disorganisation.

Feelings of adequacy are heavily dependent on the development of intellectual, social and other competencies for dealing with adjustive demands. Even the early playful and investigatory behaviour of children involves a process of "reality testing" which foster the development of learning, reasoning and other coping abilities.

The need for security develops with, and is closely related to the need for adequacy. The individual soon learns that failure to meet biological or psychological needs leads to unpleasant results. Feelings of insecurity may have widely differing effects on behaviour, but pervasive and chronic feelings of insecurity lead to fearfulness, apprehension, and failure to participate fully in one's world. The more adequate one feels the greater will be the level of competence.

Love, Belonging, Approval—To love and to be loved are crucial to healthy personality development and adjustment. Sears, Maccoby, and Levin (1957) concluded that the most crucial and pervasive of all the influences exerted in the home is the love and warmth imparted by the parents. If the child feels loved and accepted, many conditions that might impair development, such as a physical handicap, poverty, may be largely neutralised.

Self-esteem, Worth and Identity—Closely related to feelings of adequacy and social approval is the need to feel good about oneself and worthy of the respect of others.

Self-esteem has its early foundation in the parental affirmation of worth, and in mastery of early developmental tasks. The child is told by his parents and other adults what he should be and should not be like. He is told what are desirable, or "good", personal characteristics and what are undesirable, or "bad" characteristics. As a result of these teachings in the values of his culture, the child comes to develop a certain conception of what he ought to be—the ideal self. Thus he receives continual nourishment from the development of new competen; cies, and from achievement in areas deemed important, eventually he comes to depend heavily on the values and standards of others. If a person measures up to those standards—in terms of physical appearance, achievement, or economic status—he can approve of himself and feel worthwhile. A great deal of action and thought of the individual, is driven by the desire to enhance self-esteem and to remove any threat to his self-esteem.

Values, Meaning, Hope—The need for values, guides the individual in making decisions and achieving a meaningful way of life. Values reflect the culture of a society and are widely shared by the members of that culture. If the individual accepts a value for himself, it may become a 'goal' for him and serves as a focus for his strivings and hopes. Values, meaning, and hope act as catalysts, in their presence energy is mobilised, competencies are developed and used, and satisfactions are achieved. Without them life seems futile.

The needs discussed above appear to represent the basic core of physiological requirements that emerge through normal interaction with the environment and that contributes significantly to the direction of behaviour. The strength of a given psychological need, and the behaviour for meeting it may vary considerably, from one person to another, and from one social group to the next. Biological and psychological needs are closely interrelated and failure to meet particular needs may adversely influence our entire motivational structures as well as physical and psychological well-being.

Needs and goals continuously develop and change as a result of changes in the physiological state of the individual and his experiences as he interacts with objects and persons. Needs may assume new forms through the fusion of originally distinct needs. The degree to which needs are regularly satisfied or chronically frustrated helps determine the strength and primacy of these wants and the readiness with which other wants may emerge in an orderly developmental sequence.

For any given need there may be many different appropriate goals. Which particular goal develops for a given individual, depends upon cultural values, biological capacity, per sonal experience, and availability in the environment.

MENTAL DEVELOPMENT

As the child develops, he makes increasingly complex adaptive responses to his physical and social environment. A one year old child is far superior in ability as compared with his capacity at birth. Individual differences are seen in the mental ability of children. This mental ability involves three aspects :

1. *Level*—The level of ability that a person reaches is defined by the difficulty of mental tasks which he can perform.
2. *Range*—The range is defined by the number of different tasks which he can perform at various levels.
3. *Speed*—Speed or rate of work which any individual can perform.

Mental growth proceeds most rapidly during infancy and early childhood. One half of an individual's ultimate mental status is attained by the age of 3 years. There is very rapid growth in the first five years of life compared to the rate of growth after five years. Many tests show that a person gains one year in mental age for each year of chronological age usually up to the age of 15 years.

Before 6 years of age, environmental factor appear to have considerable influence. The socio-economic factor of the parents also affects the I. Q. of children. A greater percentage of bright children come from families of superior socio-economic status. The mental growth of independent, competitive and verbally aggressive children is better. If the children are given reasonable opportunities for learning, intelligence develops gradually and consistently with increasing age during childhood and adolescence. Serious and prolonged deprivation of learning opportunities, specially in infancy and early childhood, seems to result in permanent damage to intellectual growth. Mental development covers the areas such as language development, learning capabilities, concept formations, the thinking and reasoning.

Factors Affecting Mental Development

All measures of language development, such as size of vocabulary, length of sentences used, and complexity of sentence construction show relation with intelligence. There are many other factors which are said to affect the mental development of a child.

1. Pre-natal Conditions—Illness and stress in pregnancy effect the mental level of the child.

2. Social Class—A greater percentage of the very bright come from families of superior social-economic status, whereas the number of backward children is proportionally greater among the lower social classes. The parents of high class families have a high educational level. They live in good homes, in superior residential areas. They have better chances of reading books and other reading materials. The development of intelligence is influenced by the richness of the learning opportunities. Large families sometimes can provide a richer learning environment, but poor opportunities for continuing education than small families.

3. Sex—It is seen that at all ages boys outrank girls in general informations, specially along scientific lines. The mental level of girls is high in linguistic and perceptual skills and in certain types of memories, whereas boys have better insight into mathematical and mechanical relationship.

4. Nutrition—Poor nutrition or malnutrition is caused by not getting the proper nutrients needed for normal growth and development. During the months before birth and through the early childhood years, malnutrition influences the development of brain. This affects the child's ability to learn.

5. Stimulation—A dull environment also retards mental growth. When the child goes to school he normally makes up the lack of stimulation, but that is not enough to develop the ability, the child was born with.

Development of Concept

As a child grows his concepts become more meaningful and specific to him. The young child's feelings and emotions have a marked influence on his developing concept. With time they become emotionally weighted and as a result are difficult to change. Because of his limited experiences with people and things, and his limited vocabulary, it is understandable that many of the young child's concepts would be inaccurate or actually faulty. Furthermore when concepts are heavily weighted with emotional accompaniments, there is resistance to change even when new knowledge would increase the accuracy of formerly learned concepts.

Many of the concepts developed in early childhood are common among children because of common learning experiences. Others are individual and depend upon the learning opportunities of that particular child.

Some of the most common concepts which develop in childhood are :

1. Concept of Space—From his play with childhood toys such as tricycles, blocks and other toys, the child becomes familiar with common clues which help him to perceive short distances in relation to his body. By the end of the 4th year perception of short distance is similar to that of an adult. The ability to distinguish between right and left begin to develop at about 5 years of age and progress very rapidly after that.

2. **Concept of Weight**—Until the child learns that different materials have different weights, he estimates weight exclusively in terms of sizes. A ball of cotton, for example would be judged heavier than a rubber ball of smaller size.

With experience he learns that he must judge the material by the weight of the object as well as its size. By the age of five he has a clear concept of weight and is able to tell the difference between weights.

3. **Concept of Size**—Size is a less functional clue in the young child's perceptions than are other concepts as colour and form. However, in certain situations size conception is obviously required. At the age of three the child can distinguish large and small objects from a group of different sizes, and by the age of 5 they can select medium size objects.

4. **Concept of Number**—Children going to nursery school begin to learn the number concept. These children know only the number concept from one to five, and have only vague concepts about numbers above that.

5. **Concept of Time**—The sense of time hinges on both the personal factor and experience. It varies to some extent with body conditions and also with emotional states such as boredom, excitement or concentration. Some children have poor internal clocks, others good ones.

Young children have no idea of length of time nor do they have the means by which they can judge it. They cannot tell time by a clock before five or six years of age. By associating different activities with different times of the day, with the days of the week and with the seasons of the year, the child can make more accurate estimates. By the end of five years he has total concept of the days of the week.

6. Concept of Self—The concept of self develops very rapidly during early childhood because of the child's interest in himself. By three years of age he knows whether he is a boy or a girl, his full name and the position of his different body parts like his nose, eyes, and his hair. However the young child's concepts of his bodily functions are very inaccurate before entering school.

When the child starts playing with other children he compares himself with his friends. If the comparison is favourable he develops a favourable concept of self. If unfavourable he becomes conscious and shy. A five years old child has a clear concept of the appropriate sex role and he shows this in the pattern of his play and in his general behaviour.

7. Social Concept—Young children, as a result of their constant contact with parents, brothers, sisters and playmates learn to 'sizeup' these individuals with a fair degree of accuracy because of their limited contacts with strangers. Children who attend nursery school develop social concepts more rapidly than children whose environment is limited to home or neighbourhood. The nursery school period is the period in which most rapid social development takes place.

8. Aesthetic Concept—The young child's perception of beauty depends largely on his ability to understand the meaning of what he sees or hears. He enjoys pictures of familiar people and animals doing familiar things. He prefers people of his own sex to those of the opposite sex, and considers people of his own racial background more beautiful than those of other races. Young children also prefer bright colours and associate moods with colours. Liking for music with a definite tune and rhythm is also strong among young children.

9. Concept of the Comic—A three years old child laughs in response to some pleasurable sensations such as tickling. From this time until he is six years old, strange and unusual things, provided they are not so exaggerated as to be frightening are perceived as funny. Motions and noises made by the child himself or by others, funny activities of domestic animals and the misfortunes of others are all sources of humour for nursery school childrens.

10. Concept of Death—It is difficult for small children to comprehend the meaning of death. They think that anything animate or inanimate, that goes away or disappears has died. Children are incapable of comprehending the fact that death is a final process because they look upon everything as having living qualities which will enable it to return.

Language Development

The possession of the ability to speak is one of the most distinguishing characteristics which sets man apart from the lower animals. Speech also forms a relationship between language and thought. The language word has a wide variety of meanings; the forms of language are also different—it may be written, spoken or sign and gestures.

Language is a primary means of social intercourse used not only to relieve people's own feelings or to air their own views, but also to awaken a response in other people and to influence their attitudes and behaviour. Wundt (1901, 1911-1912) emphasised the expression of mental content including both ideas and feelings through language and considered that communication was only a secondary function of language.

Language is closely associated with learning and memory. Language development closely parallels other development in the child related to postural control, feeding behaviour and dentition. A very young child learns to differentiate his mother's voice and also learns to understand the meaning of crossness in her voice.

Language also improves as children mature. The child works out rules for speech he hears and uses. Language also develops through social contacts. The infant's language does not consist simply of babbling but it also reflects some effort to imitate language spoken around him. It is an imitative process.

There is also an intimate relationship between language and thought. Vigostsky (1939) concluded that thinking and speech are the key for understanding the nature of human consciousness. Heredity and environment are also involved in language learning. Language development is not completely uniform and to some extent is modified both by the quality of the children's heredity and the wealth of their experience.

The Pattern of Language Development—Much of the helplessness of the newborn infant stems from his inability to communicate. He is unable to express his needs and wants and is unable to comprehend the words, gestures or written symbols of others. As the child gains control over his various communication mechanisms, his helplessness is reduced rapidly. Nature also provides certain stop-gap forms of communication for him to reduce this period of helplessness.

The birth cry is of significance for the development of language because it constitutes the first use of the delicate respiratory mechanisms which are to be used in speech. It is also the first time when child hears the sound of his own voice. After the first acquisitions of sounds, there is a rather rapid increase in the variety of sounds. By the third month the infant starts cooing and babbling, which continue until about the end of the first year, when the first words are heard. Crying, babbling and gesturing are all important forms of pre-speech communication. Babbling often assumes a conversational tone, as though the child expects a response. During the second quarter of the first year of life infants produce most of the vowel elements and about half of the consonants. As control of tongue and lips proceeds and dentition provides the frontal wall of the oral cavity, cortical control of speech sounds begins, and the infant voluntarily imitates the speech of others and imitates his own speech sounds. This readiness to imitate occur at about the age of 12 months and between the ages of 1-5 years, the child masters the spoken language normally.

In building a vocabulary, the child must learn to associate meaning with sounds. All meanings are first learned in connection with a specific object, person, or situation. The child first learns the meaning of those words for which he has the greatest need, but if his vocabulary is not adequate, he also uses substitutes like crying and gesturing. The child increases his vocabulary not only by learning new words but also by learning new meaning for old words. By the age of 5, they have acquired a vocabulary which expresses quite varied shades of meaning.

At first the child uses one-word sentences which can be a noun or a verb. At 12-18 months of age the child uses single word sentence. When the child reaches the 2nd year of life he combines words into short, but often incomplete sentences. At this age he uses nouns, verbs, adjectives or adverbs.

Factors Affecting Language Development—Many factors affect language development :

1. Intelligence—The intellectually gifted child usually speaks earlier and more efficiently, while the mentally defective child speaks later and articulates poorly. Children of high IQ show marked superiority both in size of vocabulary and in length and correctness of sentences structure.

2. Hearing—It seems probable that infants think before they talk, but once they talk, speech influences thought. The thought processes are similar in normal and deaf children.

3. Health—Severe and prolonged illness during the first 2 years of life delays the beginning of speech and the use of sentences by 1-2 months. All the needs of the sick child are fulfilled by the people around him, thus he has little incentive to talk.

4. Maturation—Maturation plays its role in language development. Babbling which begins at about 7 months coincides approximately with standing up, and the first real word comes with standing.

5. Sex—Apparently language functions develop earlier in girls than in boys. At every stage boys make less grammatic and shorter sentences than girls, the difference becomes more pronounced with every passing year.

6. Social Class—The children of the upper class have a better linguistic environment, and therefore speak earlier, express better, and talk more, than lower class children whose mothers normally use restricted speech.

7. Family Relationship—Language development is also dependent on family relationships, because the child must have sufficient communication with more mature speakers to obtain information. The mother is usually the child's first language teacher. It is her voice that is echoed and her talks that elicit cooing. The father's role in children's language is also important.

8. Size of Family—Size of the family also affects the child's language development. The only child for example gets a greater deal of parental attention and does not have any sibling rivalry.

9. Personality—A shy withdrawn child speaks less than the one who is more extrovert. A bright but impulsive child makes more grammatical mistakes and uses incorrect pronunciations than a less bright one who is calm, deliberate and precise in speech.

10. Television—It has increasingly affected language development. The medium increases child's information and vocabulary.

Thinking and Reasoning

Thinking—Thinking is a problem-solving process in which children use ideas or symbols in place of overt activity. It varies from the use of motor trial and error to the use of mental images and previously programmed rules. Thinking can shift very rapidly, covering an expanse of time and space almost instantaneously. Thinking ranges in degree from the mere awareness of a child's new experiences to complex problem-solving functions.

This can be studied under two heads :

(i) Problem-solving
(ii) Creative thinking

These two are closely allied and over-lapping. Problem-solving involves both ideas and motor manipulation. It requires considerable intellectual effort in contrast to motor skill and memorisation of verbal materials. It also involves concept formation and generalisation. Before the child is two years old he learns to use words as labels for object, persons and activities. These concepts are formed on the basis of experience. The perception and interpretation of events and their storage in memory are the two basic processes underlying all the higher cognitive processes.

Creative thinking is the capacity to produce new, previously unknown, compositions, products or ideas. It can be imaginative activity or thought synthesis formation of new pattern and combination of information. The child with a rich and varied storehouse of images, concepts and rules. A creative child uses this unity of cognition in an original and constructive way.

The thinking should find a coordination of sight, sound and feel of child's action. Language is also important in thinking. Although words may not be absolutely essential to thought, speech appears to be an aid in solving problems. Words can act as signs or cues, in evoking both images and overt behaviour. The child who cannot understand language cannot solve a verbal problem, although he may be able to solve a nonverbal problem with ease. Accents and gestures are also important, for a child thinks not only with "the brain" but also with "muscles". There are slight muscular responses when the child thinks of a word. These movements occur during thought without the child's being aware of it. Deaf-mutes who use sign language "think with their fingers" in the same way normal children think by means of inner speech. Thus, an increase in muscle tone not only accompanies thinking, but also facilitates it.

To any child, a problem is a situation that calls for activity, but which cannot be solved by the sole use of some pattern of previously established habits. He finds that his past experiences are not enough of a guide to meet the situation. He now has to use a number of other alternatives which have to be considered carefully in arriving at a situation. Development of thinking requires subject, knowledge, reasoning, language development and motivation.

A child thinks in two distinct ways. The first called Direct thinking, is a systematic and logical attempt to reach a specific goal. This kind of thinking depends mainly on symbols, concepts and rules, and is deliberate and purposeful. Through this type of thinking the child solves problems, formulates and follows rules and achieves goals.

The other type of thinking, called Non-Directed thinking, consists of a free flow of thoughts through the mind, with no specific goal or plan. This kind of thinking is usually rich in imagery and feelings. Daydreaming, fantasies and reveries are typical examples. Children are normally engaged in this type of thinking when they are relaxed or try to escape from any burden of worry. Non-directed thinking provides unexpected insights into one's goals and beliefs.

Reasoning—Any thinking involving an analysis of cause and effect relationship may be classified as reasoning. It starts with some problem in thinking or when the child is unable to solve a problem. Generalisation and deduction are parts of important type of reasoning, the same in some ways as relating to cause and effect, but involving wider conclusion and an ability to apply principles when needed.

While reasoning, any use of past experience, of presently available tools, of skills and habits to solve a practical or a theoretical problem is a form of thinking and differentiates man from animals. It is in this area that children can be seen to reason most clearly. A one year old child, pulling the table cloth towards him to get something, is using cause and effect to solve a present problem. Such problems are not solved in words; they are solved in action. Use of language as a tool in reasoning and problem-solving is one of the last uses mode. It is because children do not ordinarily solve problems in words, and because they do not generalise readily or apply principles concretely, that many people discredit their reasoning power.

Much of a child's reasoning is combined with motor activities in real and useful ways. Reasoning follows a sequence or pattern :

—Awareness of problem
—Recall of significant facts
—Suggestion for possible solutions
—The evaluation
—Acceptance or rejection of a proposed solution. When habit fails, reasoning begins. Reasoning is of two types,

Deductive reasoning where principle is formed on the basis of the child's past experience; and Inductive reasoning where facts are collected and their opinion or principle is formed. This reasoning includes inspection and expeeriment.

SOCIAL DEVELOPMENT

Children grow socially as they grow physically from year to year developing greater complexity of skills and social behaviour in getting along with people, and greater self-control. Group relationships are important both for the individual and society. Learning to be a social person does not come overnight. The child learns in cycles. Social development is an orderly process in each child.

A social child is one who behaves in a socially approved manner, plays the role which society prescribes for him and has favourable attitudes towards people and social activities. The child will be approved socially if he fits into the group and is accepted as a group member. Social development means acquisition of the ability to behave in accordance with social expectations.

Importance of Socialisation

Normally all children pass through the several stages of socialisation at approximately the same age and social development, of bright children is accelerated, while that of dull children is retarded. Lack of opportunity for social contacts and for learning how to get along successfully with others will likewise delay normal development.

Socialisation is a process of change and development that leads to the development of an individual into a social animal. It begins from the date the child is born and starts as soon as the child becomes active. The peer group fulfils certain of the child's essential needs. While the child learns to become social he also copies a model. After learning the social expectations he moulds his behaviour to fit his own needs and desires. In childhood, children have strong desires to be with children and to be accepted by them. When this need is not fulfilled, they feel unhappy and frustrated.

Children vary in their susceptibility to social influence. Peer groups have greater impact on some children than on others. The child who spends his time reading or the one who lives in an isolated area is affected less, than the child who spends most of his time with other children. Each society has its own approved social behaviour and these vary even from one age group to another. For example, girls can play and behave like boys during early years but they discover before adolescence that they have to behave like girls.

The process of socialisation is important because through this the child learns to live with others in society. For this, ample opportunities for socialisation are essential. Each year ample opportunity to be with children of his own age as well as adults of different age should be extended to him. Motivation is also an important factor in the socialisation process. The child should be motivated to have contacts with people, if he enjoys these contacts he will like to repeat them. Socialisation also takes place through imitation. The child while living in the family and society acquires the traits of other individuals.

The overall home environment is very important for the socialisation of the child. All the family members and the child's relationship with them favours the development of good social attitudes and helps the child to become a social person. The ordinal position and number of siblings also affect the socialisation process. An only child or the child who is widely separated in age from his siblings or of a different sex, tends to be more withdrawn when he is with other children. The size of the family also helps the child to make his social attitudes and pattern of behaviour. The way the parents rear a child, also has an influence. If the child has not been properly brought up or his needs have not been fulfilled, he is likely to acquire certain anti-social traits.

Social Development in Different Stages

Social Development in Infancy and Babyhood—The child affects and is affected by others in a dynamic interaction that begins early in life. In fact, even before birth, the child is a social force affecting every member of the family, specially the mother. After birth this unilateral influence gradually gives way to a dynamic social interaction. The social response of the child begins from the feeding situation. Freud assumed that sucking and related oral stimulation is innately pleasurable but is also responsible for the attachment of the infant to the mother.

The social experience of a child at this age reflects the social behaviour in later years. Happy experiences will encourage the child to be a socially healthy and happy adult, while unhappy experiences will lead him to have an unwholesome attitude towards people in general.

In the process of socialisation the child passes through three stages. The first stage is a social, when reactions to other persons are vague and illdefined. The second stage is a presocial one, which is characterised by indiscriminate attachment behaviour. During this stage, which begins in the first month, the infant accords others a passive attention, as indicated by small movements of arms or legs, or at times with eyes. In the third stage, which begins at 3 or 4 months, the child begins to react with individuals. Now, the child learns to smile at a familiar person. Yarrow (1963) in a study of 96 infants in adoptive families concluded that the development progress during the first six months appears to be influenced chiefly by maternal stimulation and the quality of that stimulation. At 6-12 months the baby may begin to react with wariness, which may become intense fear, if he is confronted with strangers.

By the time the child is one year old, he/she starts showing definite signs of preferences or dislike for people. At the age of 6-7 months the child also starts interacting with other infants. As the child develops, his desires and needs also grow. As a result of socialisation the child learns to share some of his sympathetic desires and wants. He learns to be self-assertive, considerate, and kind towards others. He also starts interfering with other people. The child at this stage has a sense of 'me' and 'mine' and uses both words frequently in speech.

During the second year, the child tries to get the attention of adults by vocalisations of crying and by doing forbidden things. If the child gets a proper environment at home, he shows his satisfaction by smiling. During this time the resistant behaviour begins and is expressed by tensing the body, crying and disobeying. This behaviour usually leads to negativism.

Social Development in Early Childhood—Early childhood is a 'pre-gang age'. At approximately four years of age, children exposed to other children become aware of themselves as belonging to a group, and show a wide repertory of social responses as reactions to the distress of others, make requests for assistance from other children, make suggestions for dramatic play, and utilise a variety of techniques of acceptance, refusal, evasion, or transformation of the situation. Between 2-6 years children learn to make social contacts and get along with people outsids the home, specially with children of their own age.

As the child grows he becomes independent and spends less time with adults and enjoys less in being with them. Instead, he starts enjoying more with his playmates and derives pleasure from their company. At this time, he also shows resistance to adult authority. However, still they do continue to try to gain attention and approval from them. Now, outside adults have more influence on the behaviour of the child than his own parents. The children even show kindness to newcomers in a group or defend the rights of younger children. This quality varies from child to child. Some may help others only if it is convenient and does not interfere with their own plans. As children grow there is an increase in their friendly approach to other children and a decrease in hostile interactions.

The social behaviour of early childhood is based on foundations laid in babyhood. Both social and anti-social behaviour is important in the process of socialisation. The child at this stage animates inanimate objects, and carries on long conversations with himself as if one of them were talking to another, and thus gives evidence that separation of self from others is still not complete. At the age of three, child has imaginary companions. His interests widen beyond himself and his immediate toys, and his affection spreads from his mother to include other members of his immediate family.

Social Development in Late Childhood—As the children grow and enter elementary stage, they show contradictory social traits. The friendships at this time are easily made and broken. They fight their best friends and most beloved brothers and sisters more than they fight other children, probably because they spend more time with these children. The most aggressive children are often the most sympathetic, when any other children are hurt or are in trouble. Murphy (1956) in a study found that children who showed outstandingly sympathetic behaviour sometimes displayed exceedingly unsympathetic or even cruel behaviour.

During this 4-10 years age period the child moves forward from solitary and parallel play, into genuine group play. Medinnus (1962) found that first grade boys show a greater tendency to differentiate choice of playmates along sex lines than girls do. Any contact between the sexes often resulted in teasing, quarreling and ridiculing each other.

The above highly organised group activity becomes the characteristics of gang age, which starts between 8-10 years. This stage is characterised by rejection of adults' standards, and rejection of the company of children of the opposite sex. These gangs have no leaders during the early stages. Social consciousness develops rapidly. Socialisation is the major developmental task of this stage.

The groups into which girls organise themselves are often referred to as cliques, whereas the boys' groups are referred to as gangs. Members of cliques have greater mutual affection and spend more time talking and interacting each other. The gang is a spontaneous local group having no authorisation from outside and no socially approved aim. It is a substitute for adult society and for what that society fails to give. It offers relief from adult supervision. Gangs have a more definite structure than the informal grouping of younger children. Team games are normally played by these children. After 8 years these children develop an interest in organisation rather than in the activity itself. Belonging to a gang not only gives the child companionship and an opportunity to have fun but also a feeling of pride and achievement.

Apart from these groups children also maintain individual friendships. Girls at 10 have difficulties of an emotional nature in dealing with each other, but most girls maintain one best friend. Later on at 12 years they have several friends but sometimes separate off from the group with one or two special friends; few girls have difficulty in making friends. Boys of 12 have a large number of good or best friends and are less likely to play with anyone who comes their way.

Factors Affecting Social Development

1. Family Relations—From infancy, family experiences importantly influence social development. Infants who have more physical and verbal contact with their mothers and with other people show more interaction both with the mother and with strangers than children with fewer interpersonal contacts. Parents who assign children responsibilities, help in encouraging the helping behaviour among children. Families in which parents establish a climate of passive neglect children are forced to seek affection and approval elsewhere.

2. Ordinal Position—The position of the child in the family also affects social development. The elder, middle and the youngest child all will have different intensities of social development. The only child is often less social. Children with sibling of the same sex find it difficult to associate with other children of the opposite sex. The most favoured position is the second or younger of two children.

3. Size of the Family—The size of the family in which the child grows up not only affects his early social experience but also marks his social attitudes and patterns of behaviour. An only child gets more attention than is good for him.

4. Peer Group Role—Peer group role plays an important role in the social development of children. If a child does not find an environment when he can exercise the power, he goes in peer groups.

5. Parental Attitude—The social behaviour and attitude of a child reflects the treatment he receives at home. A child who feels rejected in a family wants to be outside the family and becomes an introvert. By contrast accepting, loving parents produce extrovert children. In the absence of parental love the child acquires certain anti-social habits and usually it has been found that most of the juvenile delinquents suffered rejection and neglect in their family during infancy and childhood.

6. **Parental Expectations**—Parental expectations motivate the child's efforts to be socially acceptable. The child normally learns to be polite and courteous in relation with others to win parental love.

7. **Child Rearing Methods**—These influence the child's social behaviour and attitudes in his early years. The child who is brought up in a democratic home, makes the best social adjustment. He is active and socially outgoing; one who is indulged on the other hand, becomes inactive and withdrawn. The child who is subjected to authoritarian child rearing methods is quiet and non-resistant, and his curiosity and originality are restricted by parental pressures.

8. **Teacher**—The influence of teachers is specially significant in affecting the child's social adjustment. They may help in making a child friendly and social by creating a foster friendly climate. The teacher is often a model for imitation and identification. Even though the child is in school for only five or six hours a day, a teacher who is explosive, irritable and nagging will set up many emotional reverberations. The child will need a very favourable home life to balance such a school situation.

Social Institutions

Home—The home is of extraordinary importance in the process of socialisation. It is the most primary agency that brings about socialisation. The child first learns to relate himself to society in the family with his parents and siblings and others. In a home, parents and children are expected to extend mutual love, and support the ethic of togetherness. During the pre-school years, family is the most influential socialising agency. Having identified himself with his mother and father, the child's circle of interest later spreads to include other family members, his friends and those who visit frequently.

The impact of family on social development varies with several factors :

Birth order is an important factor that influences socialisation practices. It appears to make a difference in children's development if they are first born or an only child, a later or a last born child. The first borns are more susceptible to social pressure than their later-born siblings; first born females are specially attracted to the company of others in threatening or disturbing situations. These generalisations are based upon the study of large groups of first and later borns (Schooler, 1972). Several recent studies also point to a strong relationship between children's birth order and their verbal ability (Breland, 1974, Glass, Neulinge and Brim 1974). This relationship is found stronger in smaller families. The first born children receive more responsive care and general stimulation from their mothers than do later borns, and this helps them to have more social interaction than later borns. The parental interest and energy for child rearing is also at the highest peak for their first born child who therefore recives higher achievement and responsibility training and a greater amount of attention and preference.

The family size is also of great importance. Increased family size usually means less parental contact for individual children. Children in small families whose spacing or birth order is several years apart, normally enjoy the advantage of sharing parental knowledge and verbal give and take. The family size also makes a difference in the exercise of parental control. As the number of children increases, especially in families with limited living space and economic resources, authoritarian control strategies are more evident. A democratic orientation to family decision-making seems apparently more feasible in smaller families. We should not however, overlook some potential benefits of large families. Children in such families feel more secure. Rich opportunities for responsibility training are also available.

Children whose parents are peer-oriented are more likely to be peer-oriented themselves; however, such children and such parents are less likely than their opposites to be chosen as friends. Perhaps the combination of the parents' and the child's peer-orientation together, may constitute too strong a push towards one's peer. Thus children become so eager to please, for the sake of being accepted by peers, that they may be rejected by them. The peer-group role may also reflect the child's role in the home. Unsatisfactory relations with parents upset the child and lead to maladjustments. In large families children turn to other siblings for the attention they lack from their parents. Siblings have an eduring effect on how one relates to others. Children tend to play more often with siblings who are near their own age than those who are less close in age. Siblings influence each other in many obvious ways. In their relationship to each other they may reinforce, positively or negatively, parental actions, and consequently may function to maintain or to change potential responses of a child to his parents. The sex of a sibling has strong affect on adjustment, anxiety, and interest inventories. Boys affect girls more, than girls affect boys. If two siblings are very close in age, they may become 'involved' with each other, both in fun and in quarrels, and have few contacts with outsiders. A wide age disparity, on the other hand, seems to favour, a self confident, friendly, pattern with leadership potential.

School—The true 'socialisation age' begins with formal entrance into school, either kindergarten or first grade. The child who had always acted upon his own impulses now tries to use adult criteria to evaluate people and situations. Next to home, the most important agency in society for the socialisation of children is the school. The home transmits vital attitudes and trains the child in basic living habits, serves throughout the childhood years as a translator of the cultural norms which the child meets outside as well as inside the home. The school accepts the major responsibility for transmitting these cultural aspects into school subjects such as history, science etc.

School has two main functions for children—first, is that schools should teach the skills necessary to survive in life such as clear speech, fluent reading, correct writing, and arithmetic. School gives knowledge of world history, English, literature and so on. The second important function of school is the actualisation function. The school should provide the very best or better than what they can obtain in their own homes. The schools enhance the students self-esteem and social development, help them find joy in life, teach them to enjoy, play and strengthen their critical thinking and aesthetic abilities. These activities are called 'actualisation'. The school helps the children to march from darkness to light, and from ignorance to knowledge.

Most parents consider schools to provide social, aesthetic, moral-ethical and citizenship training experiences. Some parents are primarily interested in the academic values of a school; others are especially sensitive to the social status of the children who attend. Any school is a miniature society in which children gain an early firsthand experience in rule of law, equal protection, consent and representation.

The school as a miniature society has three main interrelated dimensions of developments which help in the socialisation process. The first is moral development or growth in the self-management of behaviour based upon values and standard. A second dimension of the school as a socialiser involves a set of principles or normative outcomes believed well suited in school life and to broader adult social life. The one normative outcome is independence or personal responsibility. The other normative include developing give and take in social relations, and becoming aware of personal interest in children. The third major dimension of school as socialiser refers to the process of achieving individual satisfaction and significance from an accumulation of day-to-day experiences in school. This process contributes to an enduring sense of self awareness and self-direction, that continues beyond the school years into childhood and family, work and community life.

The teachers play a significant role in the process of socialisation. The teacher acts as a substitute parent. They help children become obedient and friendly, supervise and guide the children in their play and social activities, and give individual attention to children. Proper attention, affection, and understanding of teachers help children to make adjustments to their environment and to behave in a socially approved behaviour pattern. Children in school gain companionship with other children and learn to adjust to people outside the home. In school, children learn to be tolerant of those who are different and also learn to share their toys and take part in activities. Over a span of time, school children show maturation in moral values, they become able to see beyond the behaviour that often gets them into trouble. Creative activities provided to them, help them to express their creativity in ways that will please them and other group members. The children here learn self concept which adds a self confidence and a feeling of self-worth in them. The low achieving students generally have problems in socialization.

4

Developmental Tasks, Meaning and Importance

Development proceeds according to definite and predictable stages, each stage focussing on parts of the body of special interest to the child at that period. In the first year, the infant's energy is involved in satisfying oral needs—swallowing, sucking and biting. If these needs are appropriately met, energy is diverted towards the next stage; otherwise, fixation occurs. For example, the infant must learn to walk and talk to prepare for childhood.

At each stage of development there are certain tasks or competencies to be mastered if the individual is to maintain the normal schedule of development towards maturity. A competency is required and is considered essential to master during a particular life period. For example, learning to walk and to talk are major tasks of infancy, establishing a mature sense of identity and acquiring the intellectual, emotional and interpersonal competencies needed for adulthood are the main tasks of adolescence.

If the developmental tasks are not mastered at the appropriate stage, the individual suffers from immaturities and incompetencies and is placed at a serious disadvantage in adjusting at later developmental levels. Every group expects each individual to perform according to the set time-table of development. Children soon realise the approval and disapproval of their behaviour. These social expectations determine the pattern of their learning.

A young child who had not learned to walk or to talk would be at a serious disadvantage in entering nursery school or kindergarten. The demands of a given developmental period may be relatively easy or difficult to meet depending on how well the tasks at the previous developmental levels have been mastered, and on what kind of guidance the individual receives.

Some developmental tasks are set by the individual's own needs, some by the physical and social environment. Members of different socio-economic and socio-cultural groups face somewhat different developmental tasks. In a culture that is relatively static, developmental tasks remain much the same through generations. In a changing culture, however, social and technological changes may create new developmental tasks for the children of the next generation.

Havighust (1953) defines a developmental task as a task which arises at or about a certain period in the life of an individual, successful achievements of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks. Some tasks, Havighust says arise mainly from physical maturation, others arise primarily from the cultural pressure of society upon the individual. An appropriate example of this can be learning to walk when maturation of bones, muscles and nerves has reached the point where the child, unless actively inhibited from it, learns to walk. Learning to read is the example of task set by the cultural pressure of society. According to Havighurst another source of developmental tasks are the personal values and aspiration of the individual which are part of his personality or self. He points out that even by the age 3 or 4 the child's self is effective in defining and accomplishing his developmental tasks. Choosing and preparing for an occupation is the example of such tasks.

The ages at which the child is expected to master the developmental tasks set by the cultural group are critical, in the sense that they pinpoint a time when he is under pressure to learn a new pattern of behaviour. Regardless of how much the child wants to grow up and assume new rights and privileges, the transition from one developmental stage to another is always emotionally disturbing. These ages are also critical because the manner in which the child performs will determine how happy he will be and how the social group will judge him. A task can hardly be mastered successfully if the groundwork for its accomplishment is not laid earlier. The child who is precocious in mastering the developmental tasks set by the social group should be rewarded by social approval and self approval. Both of these will contribute to his happiness and encourage him towards a leadership role because he is judged by his age-mates to be superior in skills and general maturity. The mastery of developmental tasks reflect above average intelligence.

Developmental Tasks from 0-12 years

The child who is accelerated in physical maturity, owing to favourable prenatal and postnatal care, is stronger and more energetic than the norm for his age. Energy plays an important role in the mastery of all developmental tasks. Children whose environments offer opportunities for learning, combined with encouragement to take advantage of these opportunities, will be precocious in mastering the developmental tasks.

Birth-6 years

1. Learning to walk.
2. Learning to take solid foods.
3. Learning to talk.
4. Learning to control the elimination of body wastes.
5. Learning adjustment to school, to read, to write etc.
6. Learning sex difference and sexual modesty.
7. Achieving psychological stability.
8. Forming simple concept of social and physical reality.
9. Learning to relate oneself emotionally to parents, siblings, and other people.
10. Learning to distinguish right and wrong and developing a conscience.

6-12 years

1. Learning physical skills necessary for ordinary games.

2. Building wholesome attitudes towards oneself as a growing organism.
3. Learning to get along with age-mates.
4. Learning an appropriate masculine or feminine sex role.
5. Developing fundamental skill in reading, writing, calculating.
6. Developing concepts, necessary for everyday living.
7. Developing conscience, morality and a scale of values.
8. Achieving personal independence.
9. Developing attitudes towards social groups and institutions.

5

Personality Development

NATURE & CONCEPT OF PERSONALITY

There are a number of popular definitions of personality in the sense that there are several different meanings attached to this word. The layman's conception of personality is related to the external appearance only, i. e. hairdo, general grooming, style of clothing etc. This concept of personality, which makes one popular with the people is not the psychological conception. Personality is essentially the product of a long process of many solid developments such as physical, motor, mental, emotional, social, moral etc. It is not one definite, specific attribute; rather, it is as Woodworth and Marquirs claimed, the "quality of the individuals' total behaviour".

There are three groups of definitions:

1. Personality as a Stimulus—This is the natural consequence of everyday situations such as describing friends, picking, prospective employees, or grading school children. But the difficulty with this group of definition is that each individual has virtually an unlimited number of personalities because he has for each a different stimulus value. He will not be evaluated in the same way, by his mother, his wife, his employee, his boss and the man he has beaten at golf.

2. Personality as a Response—Personality can be defined in terms of what the person actually does. For example, Mohan has a charming personality (and not merely a handsome face), this is a function of his behaviour.

Gulthree (1944) has defined personality as "those habits and habit systems of social importance that are stable and resistant to change." Gulthree's intent, of course, is to combine the definitions of personality as stimulus and as response. His phrase of social importance is equivalent to "Which determine the impressions we made on others."

This definition also encounters some problems. A person will not always act in the same way, when faced with the same stimulus. Moreover, two persons may act in an apparently identical fashion for quite different reasons.

3. The third group of definition deals with **personality as an intervening variable.** The most inclusive definition is that of Allpost who has defined, "Personality as the *dynamic organisation* within the individual of those *psychological systems* that determines his unique adjustments to his environment."

It will be noted that this definition causes nature of personality (a dynamic organisation), it focuses on the inner aspect rather than on superficial manifestations; but it establishes the basis for the social stimulus value of personality (unique adjustment to the environment).

The "psycho-physical systems" are the habits, attitudes, values, beliefs, emotional states, statements and motives which are psychological in nature but which have physical traits. The psycho-physical systems are the motivating forces which determine what kind of adjustment the child will make. The psycho-physical systems are also the product of learning. Since each child differs in learning experiences, the kind of adjustment he makes, is also "unique", that is why even an identical twin will react differently in the same situation.

DETERMINANTS: BIOLOGICAL AND SOCIO-CULTURAL

Every individual is similar to others in certain respects while in other respects he is quite different from others. The factors that bring about the similarity and the difference amongst the individuals are called determinants of personality. There are certain universal features of individuals while on the other hand, there are certain specific features. Universal features are determined by responses. In these situations, every individual acts in the same manner; on the other hand in specific matters, he acts in a different manner.

The personality is an effortful, striving, seeking unity. Whether we conceptualise it in terms of pushes from within or without, is not important. The individual is a dynamic pattern, seeking goals and need satisfactions in a manner, which defines him as a person. These motives are not satisfied in a vaccum. The outcome of the developmental sequence depends on the barriers encountered and the person's way of dealing with them. How much influence different factors will have on the personality development of the child will depend to a large extent upon the child's ability to understand the significance of the factors in relation to himself.

The basic source of personality development are heredity and environment. However, as a person's genetic inheritance interacts with and is shaped by the environmental factors, there emerges a self-structure that becomes an important influence in shaping further development and behaviour.

Biological Factors—There are a number of different approaches which reveal the significance of biological factors. First, there is the investigation of heredity. Individuals differ as a result of innate conditions, irrespective of environmental influences. Each type of living thing transmits specific heredity information from one generation to the next. At conception when the egg cell of the female is fertilized by the sperm cell of the male—each new human being receives a genetic inheritance that provides potentialities for development and behaviour, throughout a life time.

This inheritance influences the development of some traits more than others. Its influence is perhaps most noticeable in physical features such as eye-colour and physique but it also appears to play an influential role in "primary reaction tendencies", such as activity level, sensitivity to stimuli, and adaptability. Even very young babies reveal differences in their reactions to particular kinds of stimuli. Some of them are startled at even slight sounds, others are seemingly insensitive to such stimulation. Thus, conditions that one baby can tolerate may be quite upsetting to another.

We may also study different organ systems and correlate variations in their functioning, with personality patterns. Such internal differences may be determined by heredity or by earlier environment. In few cases, we can relate the data on personality to specific variations in the organism, such as size and weight of endocrine glands.

Individual differ extensively in the amount of stress, they can tolerate. Some persons become markedly upset by situations which are seen by others as relatively unimportant. It has often been supposed that there may be some kind of physiological basis for these differences. There is not such clear agreement about the development of specific personality traits. The tendency on the part of the growing child to show himself as a certain kind of person and then, inspite of rather marked environmental changes, to be true to this pattern as time goes on has been corroborated in several types of studies. This persistence of personality characteristics, is an important fact whether it is attributable to gene-heridity or stems from environmental factors that effect the child in very early life. Studies of identical twins are generally interpreted as indicating that hereditary-constitutional factors are of considerable, if not of predominant importance in determining the general direction or core of personality pattern.

Probably the most unique aspect of human inheritance is a superior brain. It has been described as the most highly organised apparatus of the universe, consisting of some ten billion nerve cells, or neurones, with countless interconnecting pathways as well as myriad connections with other parts of the body. Thus the human brain provides a fantastic communication and computing network with tremendous capabilities for learning and "storing" experience; for reasoning, imaging, problem solving, and for integrating the overall functioning of the organism.

The modern view regarding genetic influence, therefore, is that they may determine universal group, or unique individual attributes. We are all human because of our heredity, we are blonds or brunnettes, tall or short, because of heredity; and we have distinctive faces, voices, and other features, also as a consequence of hereditary determinants. Though the essential characteristics of human inheritance are basically the same for persons of all racial and ethnic groups; however, the specific features of this endowment varies considerably from one person to another. Thus heredity does not only provide the potentialities for development and behaviour of the species, but also is an important source of individual differences.

The human personality originates within and, for specific purposes, can never be separated from a biological organism, the innate attributes of which has a substantial influence on the inner personality pattern which develops. Physiological variables such as subnormal thyroid or supernormal adrenal secretion, may modify perceptions. Conversely, regular exposure to traumatic stimuli may induce irreversible changes in the endocrine glands, in the circulatory system, and in some visceral organs such as the stomach.

In a sense it is obvious that all personality has a biological base but it is not appropriate to think of personality as a biological and bisocial unity. The total individual is an organised pattern of biological and psychological mechanisms and a product of social experience.

Socio-cultural Determinants—Personality is the result of heredity and environment. In much the same sense that an individual receives a genetic inheritance, that is the end product of millions of years of biological evolution, he also receives a socio-cultural inheritance that is the end product of many thousands of years of social evolution. Driven by inner tensions and guided by external stimuli, the child conforms to social pressures, introjects cultural norms, and imitates the behaviour of leading figures in his milieu.

Social scientists have given a great deal of attention to the principle that culture is the major determinant of personality; culture affects the development of the personality to a very great extent and the experiences of childhood have a lasting impression on the personality. Because each group fosters its own cultural patterns by systematically teaching its offspring all its members tend to be somewhat alike—to conform to certain "basic personality types". Margaret Mead (1949) found two tribes of similar racial origin and living in the same general geographical area—whose members developed diametrically opposed characteristics. The Arapesh were a kindly, peaceful, cooperative people while the Mundungumor were war-like, suspicious, competitive, and vengeful. Such differences appear to be social in origin. The child reared among head-hunters will become a head-hunter. The methods of bringing up of children differ from society to society. Ruth Benedict has said in this regard :

"From the moment of his birth the customs, into which he is born, shape his experiences and behaviour; by the time he can talk, he is the little creature of his culture, and by the time he is grown and able to take part in his activities, his habits, his beliefs, it is impossibilities." Linton has also agreed with the view that it is cultural traits that go on shaping the personalities of children.

THEORIES OF PERSONALITY DEVELOPMENT

A theory consists of a set of assumptions and concepts that tie together empirical findings and suggest new relationships that should hold true under defined conditions. A personality theory attempts to answer the question of what, how, and why, to provide formulations to explain structure, dynamics, and development, psychopathology and change. A personality theory suggests that certain relationships should exist among specific phenomenon. Therefore, in order to understand the various factors of personality development, there are various theories.

Psychoanalytic Theory of Development : Freud

Freud, as a practising psychiatrist was mostly interested in neurosis and other aberrations from normal behaviour. He developed a highly complexed psychological theory, derived from clinical experiences, which eventually became a general theory of personality rather than a study of mental disorder. Freud studied primary mental disorders and went on to the analysis of etiological factors. This etiological research shed light on child psychology and the laws of human growth and development.

There are two major aspects of the theory of development. The first is that the individual progresses through stages of development that are rooted in the biological processes of the organism. The second is the genetic approach, which emphasises the importance of early events for all later behaviour.

Structure of Personality

The personality is made up of three major systems the id, the ego and the super-ego.

Id : The neonates have the id only. The id represents the biological substratum of humans, the source of all drive energy. It consists of every thing psychological that is inherited and that is present at birth, including the instincts. It operates according to the pleasure principle—the pursuit of pleasure and avoidance of pain. In operating this way, the id seeks immediate release—it has the qualities of a spoiled child, it wants what it wants when it wants it. The id cannot tolerate frustration and is free of inhibition. It is without reason, logic, values, morals, and ethics.

During the first stage of development an infant does not differentiate between himself and the world, the people around him, he is concerned only with himself. It is the instinctive impulses that determine his behaviour. Later when he differentiates himself from the world, an ego is born.

The Ego : The neonate is exposed to stimuli but it is unable to perceive clearly what is going on. The new-born has no ego. The main task of the ego is self preservation of the organisms. It performs this task in regard to the external world by becoming "aware of the stimuli from without by storing up experiences of them (in memory), by avoiding excessive stimuli through (flight), by dealing with moderate stimuli (through adaptation), and finally by learning to bring about appropriate modifications in the external world. Thus the ego pursues pleasure and seeks to avoid unpleasantness. The ego is also said to be the executive of the personality because it controls the demands of the instincts.

The Super Ego—The third and the last system of personality to be developed is the super-ego. It is the internal representative of the traditional values and ideas of society, as interpreted to the child by his parent and enforced by means of rewards and punishment imposed upon the child. To obtain the rewards and avoid the punishment, the child learns to guide his behaviour along the lines laid down by the parents. Its concern is to decide whether something is right or wrong so that it can act in accordance with the moral standards.

Thus the main functions of the super-ego are :

1. To inhibit the impulses of id,
2. To persuade the ego to substitute moralistic goals for realistic ones, and
3. To strive for perfection.

Stages of Development

Freud believed that the child passes through a series of dynamically differentiated stages during the first five years of life each of which can be defined in terms of modes of reaction of a particular zone of the body.

To be born is a traumatic experience that disturbs the well balanced life of the uterus. After birth, the new born's mental apparatus is exposed to stimuli far beyond his capacity to handle. The natural tendency is therefore to restore the mental stability through a withdrawal from reality by falling asleep.

Five Stages of Development as set out by Freud

1. The Oral Stage—The first sequence to develop in the formation of the child's personality is related to the erogenous zone of the mouth, and more precisely of the lips. The first pleasure giving objects the infant meets are the nipples of the mother's breast or the bottle. Early oral gratification occur in feeding, thumb sucking, and other mouth movement characteristics of infants.

In the early part of the oral stage the child is passive and receptive. Then with the development of teeth, there can be fusion of sexual and aggressive pleasures. Prototypes for many later character traits develop due to the modes of oral activity.

For example pleasure derived from oral incorporation may be displaced to other modes of incorporation such as the pleasure gained from acquiring knowledge or possessions, biting or oral aggression may be displaced in the form of sarcasm and argumentativeness. Furthermore, since the oral stage occurs at a time when the baby is almost completely dependent upon his mother for sustenance, a feeling of dependency arises during this period, which tends to persist throughout life, inspite of the later ego developments, and is apt to come to the fore whenever the person feels anxious and insecure. Freud believed that the most extreme symptom of dependency is the desire to return to the womb.

2. The Anal Stage—The second stage of development is the anal stage, which occurs in the second and/or often third year of life, when the child derives considerable pleasure from excretion. There is excitation in the anus and in the movements of faeces through the anal passage. The expulsion of the faeces is believed to bring relief from tension and gives pleasure.

At the late anal stage the child may develop affection for the faeces, which become his tone object, and try to keep and preserve them. As the child grows, he cares more for pleasurable objects and wishes them to stay and continue to serve as a source of pleasure. Thus towards the end of the anal stage "retention pleasure outweighs" elimination pleasure.

Depending upon the particular method of toilet training used by the mother and her feelings concerning defecation, the consequences of this training may have far reaching effects upon the formation of specific traits and values. If the mother is very strict and repressive in her methods the child may hold back his faeces and become constipated. If this mode of reaction generalises to other ways of behaving, the child will develop a retensive character. He will become obstinate and stingy, or the child may vent his rage by expelling his faeces at the most inappropriate times. This is the prototype of all kinds of expulsive traits, cruelty, destructiveness, temper-tantrums and other disorderliness. On the other hand, if the mother is the type of person who pleads with her child to have bowel movements and who praises him extraordinarily when he does, the child will acquire the notion that the whole activity of producing faeces is extremely important, and this idea may be the basis of creativity and productivity. Numerable other traits of character also are said to have their roots laid down in the anal stage.

3. **The Phallic Stage**—Usually around the age of four excitation and tension come to focus in the genitals. The pleasure of masturbation and the fantasy life of the child that accompanies autoerotic activity now sets the stage for the appearance of the oedipus complexes. These consists of a sexual cathexis for the parent of the opposite sex and a hostile cathexis for the parent of the same sex. The boy tries to take over his father's place and wants to possess his mother (Oedipus complex); the girl wants to possess her father and displace her mother (Electra complex).

The behaviour of the three to five years old child is marked to a large extent by the operation of the oedipus complex. Although it is modified and suffers repression after the age of five, it remains a vital force in the personality through life. During this period the mother usually notices the mosturbatory activities of the little boy, forbids him to play with his penis, and may threaten that if he does not stop masturbating, she will take away his penis. This castration fear is much stronger than the oral fear of being eaten, or the anal fear of losing the body content. Fear of castration or as Freud called it castration anxiety induces a repression of the sexual desire for the mother and hostility towards father. But, adversely it also helps to bring about an identification of the boy with his father through which he may also gain some satisfaction for his sexual impulses towards his mother. At the same time, his dangerous erotic feeling for the mother is converted into harmless affection.

In girls there are not castration fears. As soon as the little girl realises the organ difference between the sexes, she develops the penis envy, which leads to love for the father. This is the feminine complex called the *electra complex*. Penis envy is the female counterpart of castration anxiety in the boy and collectively they are called *castration complex*.

The emergence and development of the oedipus complexes are the chief events of the phallic period and play an important role in framing the personality.

4. The Latency Phase—In the years from 6-12, sexual motivations receed in importance as the child becomes preoccupied with developing skills and other activities. The child at this stage usually starts identifying with the parent of the same sex, and this identification with parental wishes and acceptance of parental standards leads to the establishment of conscience and super-ego. The sexual interest of the child subsides, mainly through inhibition. As a result of these inhibition children give up their interest in persons of the opposite sex, usually between six and eleven, boys play with boys, girls play with girls, and overall tend to associate and identify with parents, adults and peers of the same sex.

5. The Genetial Stage—After puberty the deepest feelings of pleasure presumably come from hetrosexual relations. Physiological changes mark the re-awakening of the sexual urges and oedipal feelings, and lead to know inter-personal relationships. This is the period of rapid physical growth and glandular changes when the genitalia become the main estrogenic zone, and desire for hetrosexual contacts becomes dominant.

Freud believed that gratification during each stage is important if the individual is not to be fixated at that level. For example, an individual who does not receive adequate oral gratification during infancy, may be prone to excessive eating or drinking in adult life. In general, each stage of development places demands on the individual that must be met, and arouses conflicts that must be resolved.

Jung Theory of Personality Development

The most salient feature of Jung's theory of personality rests on his conception of the collective unconsciousness with its archetypes. According to Jung, people have within their collective unconscious the cumulative experiences of past generations. An important part of the collective unconscious are universal images or symbols known as archetypes. He believes that man is constantly progressing or attempting to progress from the less complete stage of development to a more complete one. The ultimate goal of this progression is self actualisation—the fullest, most complete differentiation and harmonious blending of all aspects of man's total personality.

Stages of Development—Jung does not specify in detail, the stages through which the personality passes from infancy to adulthood, as Freud does. In the very early years, libido is invested in activities that are necessary for survival. Before the age of five, sexual values begin to appear and reach their height during adolescence, which is energetic, vigorous, impulsive and passionate. Yet the individual remains still to a great extent, dependent upon others. This is a period of life when the person is learning a vocation, getting married and having children, and establishing himself in the life of the community.

Jung believed the personality either goes forward (progressive movement) or goes backward (regressive movement). It is not possible to stay happily but unproductively in the middle. By progression, Jung means that the ego is adjusting satisfactorily both to the demands of the external environment and to the needs of the unconscious. Regression means a backward movement, when the forward going movement is interrupted by any frustrating circumstances. However, Jung believes that regression does not necessarily have a permanently bad effect upon adjustment. In fact, it may help the ego find a way around the obstacle and move forward again.

Jung considers that personality has a tendency to develop in the direction of a stable unity. Development is an unfolding of the original differentiated wholeness with which child is born. If any part of the child's personality is neglected, too many resistances develop and the child may become neurotic. To have a healthy, integrated personality, every system must be permitted to reach the fullest degree of differentiation, development and expression.

Socio-Psychological Theories of Development

Sullivan's Theory of Personality Development—Sullivan believes that personality is a purely hypothetical entity "an illusion", which cannot be observed or studied apart from interpersonal situations. The organisation of personality consists of interpersonal events rather than intrapsychic ones. Sullivan stated that three processes are evidenced in the development of the personality—dynamism, personification, and the cognitive process. He defines dynamism as a prolonged behaviour pattern and as classes of habits as personality traits, which are revealed in interpersonal relationships. For example, an individual may display a dynamism of hostility or of friendliness towards certain people depending upon his habitual behaviour towards them.

A personification is an image that an individual has of him or herself or of another person. It is a complex of feelings, attitudes, and conceptions that grow out of experiences which need satisfaction and anxiety. Thus any interpersonal relationship that involves satisfaction tends to build up a favourable picture of satisfying agents (personifications of a good mother). On the other hand, the boy's personification of a bad mother results from experiences with her that evoke anxiety. However, when an image occurs solely in connection with a particular situation, only the word personification is used. Personifications that are shared by a number of people are called stereotypes.

Cognitive processes are subdivided into three classes—prototoxic, paratoxic and syntoxic. Prototoxic experience may be regarded as the discrete series of momentary states of sensitive organism, which has been called a "stream of consciousness". All the thoughts, vision, ideas, sensations and perceptions occurring at any given moment. This is followed by the paratoxic mode, in which the individual connects his experiences as they occur, regardless of their logical relations.

The third and the highest mode of thinking is the syntoxic. Logical connections are accomplished in the syntoxic mode by the use of consensually validated symbols, which is a Sullivanian concept which refers to any symbol to which Sullivan viewed personality from the perspective of definite stages of development. He proposed six stages of personality development which are—

(1) Infancy; (2) Childhood; (3) Juvenile era; (4) Pre-adolescence; (5) Early adolescence; and (6) Late adolescence.

1. Infancy—The first development stage is infancy, which starts from birth and continues until maturation of the capacity for language. It is a period in which the oral zone is the primary zone of interaction between the baby and its environment. Nursing provides the baby with its first interpersonal experience. It is upto the mother to satisfy him or to deny satisfaction, and the infant learns to adjust himself to his mother at an early stage. This process of adjustment takes place because of the child's ability to feel somehow his mother's state of mind. The mother's approval is conducive to an euphoric state in the child, while her disapproval may produce anxiety.

The characteristic features of the infantile stage are—

1. The appearance of the dynamisms of apathy.
2. The transition from prototoxic to a paratoxic stage in which the individual connects his experiences as they occur.
3. The organisation of personifications such as the bad, anxious, rejecting, frustrating mother, as opposed to the good, relaxed, accepting, satisfying mother.
4. The organisation of experience through learning and the emergence of the rudiments of the self system.
5. The differentiation of the baby's own body so that he learns to satisfy his tensions independently of the mothering, one for example thumb sucking.
6. The learning of coordinated movements involving hand and eye, hand and mouth, and ear and voice.

2. Childhood—The second development stage is childhood, which includes training in toilet and eating habits, and other forms of cleanliness and habitual ways of behaviour regarded as proper by society and parents. The development of language causes the fusion of different personifications, for instance, the good and bad mother, and the integration of the self system. This system develops the conception of gender whereby the little girl identifies with the feminine role, and the boy identifies, with the masculine role, as prescribed by society. The child learns how to restrain his drive for power, many of his activities are frustrated or prohibited by his parents, some of his unacceptable desires are sublimated. The anxiety provoking tendencies are diverted into socially accepted channels; they are partially satisfied by fusion with socially acceptable ways of behaviour; the excess of anxiety that is not discharged by sublimation is expanded in symbolic performances, for instance in nocturnal dreams.

3. **The Juvenile era**—The Juvenile era starts with school age. It is the period for becoming social, competitive, and cooperative. Meeting other children encourages interpersonal validation of perception. The child learns to pay more attention to the opinions of other children and thus tries to become popular and fears to be alone, or even worse, rejected by his group. The child's process of socialisation leads towards the establishment of personal friendship with one or more children. The Juvenile learns to be inattentive to external circumstances that do not interest him or her, to supervise attitudes, to develop new and more effective modes of sublimation, and to distinguish more clearly between fantasy and reality.

4. **Pre-adolescence**—Pre-adolescence starts between the age of eight and twelve, and is marked by the need for an intimate relationship with a peer of the same sex. Sullivan does not regard this as "homosexuality". Homosexuality comes later, as a product of failure in heterosexual relationships.

In such peer relationships there is equality, mutuality, and reciprocity between the members. By exchange of words and ideas with friends, the individual learns to check his perceptions with those of others and yields to some of their interests for the sake of the group. This is an extremely important period because it marks the beginning of genuine human relationships with other people.

5. Early adolescence—Early adolescence is an era of the patterning of lustful behaviour. The main problem of the early adolescence period is the development of heterosexual activity. The genital zone comes to the fore but other zones of interaction such as mouth and hands also participate in sexual behaviour. Early adolescence persists until the person has found some stable patterns of performances that satisfies the person's genital drives. This period is marked with double social needs; erotic needs for the opposite sex, and intimacy for the like-sexed peer. The confusion may sometimes lead to homosexuality.

6. Late adolescence—The period of late adolescence constitutes a rather prolonged initiation into the privileges, duties, satisfactions and responsibilities of social living and citizenship. This period shows strong security against anxiety. The person becomes a full member of the social group and is fully independent.

The heterosexual experience in this development stage determines one's future ease or difficulty in making a satisfactory sexual adjustment in adult life. Thus Sullivan has shifted the focal point of sexual and other interpersonal adjustment from early childhood, to pre-adolescence and adolescence.

Erich Fromm—Fromm's major contributions of Personality theory probably have drawn more cross scientific and public attention than the works of any other neo-Freudian. Fromm's primary interest iies in the larger segments of society as they affect the individual. (Fromm, 1955, 1961 b). According to him —the behaviour of the individual is shaped by his society, and the society is moulded by "objective conditions". He interprets personality as a product of society.

Fromm's basic premise is that an individual attempts to escape from freedom and return to a more secure existence. "A child is born when it is no longer one with its mother and becomes a biological entity separate from her. Yet, while this biological separation is the beginning of individual human existence, the child remains functionally one with its mother for a considerable period." The essential theme of all of Fromm's writings is that a child feels lonely and isolated because he has become separated from his native place and from other people.

The child is soon weaned from his early post-natal surroundings and gradually achieves more and more independence and develops more awareness of his individuality. This process of development leads to a decline in the security of feelings, as the amount of strength necessary to augment his independence and to cope with the elements of society is conspicuously lacking. The little child does not have much freedom, but he is happy and secure in his dependence on his parents. Maturity means more independence, but it also means less security than in childhood. The child, for example, gains freedom from primary ties with its parents but at the same time it feels isolated and helpless. It may develop an 'escape mechanism' similar to those developed by adults. Thus they become sadists, masochists, destructionists, or automation-confirmists. The pattern of their defence meachnism is a product not of heredity but of their experences in childhood.

According to Fromm the child's character is moulded by his parents. Families usually serve as 'Psychological agent' of society and transmit the cultural values of their nation and class to their children. Fromm is critical of Freud's genetic interpretation of psychological types. Whereas, Freud emphasised on the origins of the oral or the anal type, for example, Fromm believed that the cause of individual differences is not so much in the developmental stages of libido, but in the environmental experiences.

Child rearing practices also influence 'character formation'. For example, if a person develops into the oral dependent or the anal—obstinate type, it is not because of a fixation, but as a result of child rearing practices. If the home situation encourages friendliness and acceptance, the child is likely to develop respective dependent personality traits. Conversely, the child who receives everything only after a quarrel and a fight, will probably develop the oral aggressive or in Fromm's terminology, exploiting sadistic character.

Horney's Social Theory—Karen Horney accepts several principles of classic psycho-analysis, and believes in absolutely causality. Horney conceives of her ideas as falling within the framework of Freudian psychology, and not as constituting an entirely new approach to the understanding of personality.

Horney objects strongly to Freud's concept of 'Penis envy' as the determining factor in the psychology of women. She believes that feminine psychology is based on lack of confidence and over emphasis of the love relationship, and has very little to do with the anatomy of her sex organs. Horney's theory of personality stands somewhat between Freud's Adlers and Sullivan's.

The essential factor of Horney's social theoy is personality development. (Horney, 1937). She explains this, as the feeling a child has, of being isolated and helpless in potentially hostile world. (p. 79) Horney's concept of helplessness as experienced by the infant does not have universal flavour. The child's needs can be satisfactorily dealt with by the parents. Or he may perceive his home environment as "unfair, unjust, and merciless', and this will influence his actual behaviour and further development as well.

Horney agrees with Freud as to the importance of early childhood but disagrees on several fundamental issues. Freud assumed that every child passes through the oral, and phallic stages, which are biogenic and universal. However, how the child passes through these stages depends upon environmental factors and of course differ from case to case. The home environment and the social structure within the family receive by far the most emphasis in Horney's theory. Any thing that disturbs the security of the child in relation to his parents produces basic anxiety.

The insecure, anxious child develops various strategies by which to cope with his feelings of isolation and helplessness. The child responds to his basic anxiety by developing some strategy of behaviour, in an attempt to overcome it. It may become hostile or may become overly submissive in order to win back love. It may develop an unrealistic idealised picture of itself in order to compensate for its feelings of inferiority (1950). If the child cannot get love, it may seek to obtain power over others and compensate the sense of helplessness, by finding an outlet for hostility or he may become highly competent, his attitude being that the winning is far more important than the achievement.

Horney stressed that the development of the child depends upon how the child is treated. There is no such thing as universal anal stage or universal oedipus complex. The child may develop an anal inclination and may have an oedipus complex, but this is a result of the parental personalities and behaviour.

Horney was also optimistic about the possibility of change in personality in adult age. She admits more flexbility in adult personality than Freud did. "My own beliefs", she explains, "is that man has the capacity as well as the desire to develop his potentialities and become a decent human being. I believe that man can change and go on changing as long as be lives."

Erikson's Psycho-Social Stages of Development

Erik. H. Erikson (1950), one of the leading ego psychoanalysts, describes development in psycho-social terms rather than merely in sexual terms. In the psycho-analytic theory of development, major attention is given to the first five years and to the development of the instincts. Ego-psychologists have tried to give greater attention to other developments during the early years, and to significant developments that take place during the latency and genital stages. For Erikson, the latency and genital stages are the periods when the individual develops a sense of industry and success, or a sense of inferiority, and perhaps most important of all a sense of identity, or a sense of role diffusion. He focuses on adolescence in the life span approach. For him the crucial task of adolescence is the establishment of a sense of ego identity, confidence that the way one views oneself has a continuity with one's past and is matched by the perceptions of others.

The most outstanding contribution of Erikson is the eight stages of ego development towards maturity which are characterised by "critical periods" and "milestone solution" in which the social influences both in the first four and the last four stages are undeniable. In trying to understand human growth and development, Erikson frequently uses the term "epigenetic principle". He says, "Whenever we try to understand growth, it is well to remember the epigenetic principle which is derived from the growth of organism in utero. Somewhat generalised, this principle states that anything that grows has a ground plan and that out of this ground plan the parts arise, each part having its special ascendency, until all parts have arisen to form a functioning whole." (Erikson 1968, p. 92). According to Erikson's time table, development proceeds by eight stages. The first four stages occur during infancy and childhood, the fifth stage during adolescence, and the last three stages during the adult years including old age. These eight stages in the development of personality are :

1. Trust *vs* **Mistrust** (*Infancy*)—The first stage of life is the stage of numerous ritualisations. What Erikson means by 'numerous' is the baby's sense of the hallowed presence of the mother, her looking, holding, touching, smiling, feeding, naming and otherwise "recognising" him. These repeated interactions are highly personal and yet culturally ritualised.

The earliest basic trust is established during the oral sensory stage and is demonstrated by the infant by its capacity to sleep peacefully, to take nourishment comfortably, and to excrete in a relaxed manner. As the infant finds his needs for food, cleanliness, and comfort met by his parents, he comes to feel that his needs will be met when they arise. As he begins to bring his own body under control he feels a growing confidence that he can achieve his goals.

Each day as its wakeful hours increase, the infant becomes more familiar with sensual experiences, and this familiarity coincides with a sense of feeling good. Because of the infants' trust, and the familiarity with the maternal person, it achieves a state of acceptance. Due to trust and inner certainty, the infant will not cry when the mother goes out of sight. Thus, daily routines, consistency and continuity in the infants' environment provides the earliest basis for a sense of psycho-social identity. At 6-9 months, the struggle to trust or mistrust the world comes to a climax as the child comes to realise that he and his environment are things apart. The parents, if they love him and are sensitive to his needs, help him to develop trust, not only in them but in his other surroundings, and specially, in himself. Erikson says that the development of the sense of trust is not only the first but the most important component of a healthy personality.

2. **Autonomy** *vs* **Shame and Guilt**—This stage occurs during early childhood between one and three years. Erikson says that in this period much of the child's energy will centre around asserting that he is a human being with a mind and will of his own. Thus, he develops a sense of autonomy, the feeling that he is an independent human being even though he still needs and is able to use the help of others. He develops a sense of autonomy through constantly exploring objects around him.

This is also the time of toilet training. If the training is successful the child is proud of his body. An unfavourable outcome may result in a lasting sense of doubt about others and about himself and gives the feeling of being dirty and ashamed.

Thus the second stage is significant not only for the change in the nature of the major erogenous zones, but also because toilet training is a significant social situation in which the child may develop a sense of autonomy. The child views himself as person in his own right, apart from the parents but still dependent on them. In this stage he also feels inadequate, doubts, curtails learning basic skills like walking, talking and wants to "hide" inadequacies.

3. **Initiative** *vs* **Guilt** (*Play-age*)—The third psycho-social stage of life corresponds to the genital locomotor stage of psychosexuality. The child during this stage is eager to learn new skills through active play which may be of physical or mental nature. The child imitates adults and anticipates the roles of parents and other adults in a make believe world. Play provides a child with an intermediate reality, it learns what the purpose of things are, the connection between an inner and outer world,' and his memories of the past apply to goals of

the future. Thus imaginative and uninhibited plays are vitally important to the child's development.

If the child is successful, he develops initiative, but if there is a parental control which prevents him from going out and playing with others, he remains fearful, dependent and learns few new skills. The danger of this stage is a feeling of guilt.

4. Industry *vs* **Inferiority** (*School-age*)—Erikson's fourth stage which begins around 6 years of age and extends over the next five or six years has as its achievement and objective, the sense of industry. In this stage the child must submit to controlling its exuberant imagination and settling down to formal education. The interest in play and toys are gradually superseded by an interest in learning how to do things and do them well. This is an important aspect of this stage of personality development.

This virtue of competence now emerges. Virtues of the previous stage (hope, will and purpose) guide the child for future tasks. He is anxious and willing to learn about, and use of tools and machines. The work may include many and varied forms. He has to attend the school, has to learn academic subjects, master reading and writing, as well as to participate in skillful games and sports. The hazard of this stage is that the child may develop a sense of inferiority if he is (or is made to feel) unable to master the tasks that he undertakes or which are set for him by teachers and parents.

A sense of competence is achieved by applying oneself to work and to completing tasks. A sense of duty and accomplishment develops scholastic and social competencies. This competence spirit prepares the child for a future sense of workmanship, without it the child would feel inferior. On the other hand, some children have poor work habits, avoid strong competition and feel doomed. This leads to a feeling of inferiority and sense of futility in them.

5. Ego Identity *vs* **Role Confusion** (*Adolescence*)—The fifth stage is adolescence (about 12-20 years). During these years the individual begins to sense a feeling of his or her own identity. The person becomes aware of individual inherent characteristics, such as likes and dislikes, future goals, needs, impulses etc. Adolescence establishes the sense of identity through which he comes to clarify who he is and what his role in society is to be. Erikson points out that the sense of identity is the person's only safeguard against lawlessness.

The ego at this stage has the capacity to select integrated talents, attitudes and skills in identification with likeminded people and in adoptation to the school environment. A state of identity confusion arises due to transmission from childhood to adulthood on one hand, and high sensitivity to social and historical change on the other. This stage can also cause one to feel isolated, anxious, indecisive and empty. He is deeply concerned with how others view him, wants someone to inspire him, and also wants to test his ideas. If there is doubt about oneself there is role diffusion, which may cause delinquency and psychosis.

During an identity confusion the adolescent may feel he is regressing rather than progressing. His behaviour becomes inconsistent and unpredictable during this regressing stage. The young person may display an inability to measure up to the many new and exacting demands that parents, school work and society lay upon him. Conflicts and confusions that were present in early childhood are often revived in this stage. All of his physical and psychological strengths and weaknesses, habit skills and attitudes are likely to be called into action. If previous training has not been good, disastrous behaviour is more likely to result. However, good school training may combine with a basically sound constitution in the young person to avoid trouble even when previous habits and outlooks have been faulty.

6. Intimacy *vs* **Isolation** (*Young adulthood*)—In this stage, the young adult struggles to seek intimacy with others. He tries to have partnerships and affiliations and prepares to develop the necessary strengths to fulfil these commitments (requirements). In this stage the youth can develop sexual genitality and is now capable of committing themselves to a joint relationship with an intimate partner. This sense of intimacy must come about in his feeling for a person of the same sex as well as in his feeling for the opposite sex and for himself. He becomes sure of himself, seeks and expresses closed relationship, friendship, love and inspiration or he avoids intimacy and even avoids close friendship and marriage.

7. Generativity *vs* **Stagnation** (*Adulthood*)—Generativity is primarily the interest of the individual in establishing and guiding the next generation. During one's lifetime a multitude of experiences and knowledge are accumulated, such as education, love, vocation, philosophy and style of life. For psychosexual and psychosocial development, the transmission of these social values is necessary. When this enrichment or generativity is weak or not given expression the personality regresses and there is often a pervading sense of impoverishment and stagnation. At this stage, the individual is productive and creative for self and others. He is now mature and feels parental pride and pleasure in guiding the next generation. However, some people are also egocentric and non productive. They are self indulging and have excessive self love.

8. Ego Integrity *vs* **Despair** (*Maturity*)—The adult who has been able to resolve the earlier psychosocial crises, perceives that his life has some order and meaning. Thus the mature adult reaches 'integrity'. One who has reached this stage of integrity, is aware of various life styles of others and tries to preserve his own life style and protect it from any potential threats. This learns to cooperate with the inevitabilities of life.

On the other hand, the man who has not been able to resolve the earlier psychosocial crisis, may view life as meaningless, feel that the end is near, have a fear of—and even a wish for—death. The adult appreciates the continuity of past, present and future. Due to shortage of time, the person finds no meanings in human existence and looses faith in self and others. Now he wants a second chance at the life cycle with more advantages. He has a fear of death with no feeling of world order or any spiritual sense.

In sum, Erikson's contributions are noteworthy in three ways :

- He has emphasised the psychosocial as well as the instinctual basis of personality development.
- He has extended the stages of development to include the entire life cycle and has articulated the major psychological issues to be faced in these later stages.
- He recognises that people look to the future as well as to the past.

Trait Approaches to Personality—The basic conceptual unit of Personality is the trait. The term "trait" refers to a consistent feature of Personality, i. e., combination of motives and habits. It is a neuropsychic system that determines to a great extent which stimuli will be perceived (selective perception), and what kind of response will be given (selective action). They grow out of specific experiences and are gradually built up into consistent, organised system. Traits involve frames of reference for judging the kind of situation a person wants to approach or avoid, the kind of action which characterise him, and his habitual relations with others. They may involve habits of emotional expression, the ways of behaving in certain categories of situations. Each individual has a certain number of such mental structures which determine his behaviour in an unique way.

Classification of traits—The classification of traits has been done by Allport, Eysenck and Cattell, who have described certain properties of the individual which underlie and determine overt behaviour, thereby giving the individual's behaviour a consistent integrated direction. These properties are called traits, and may be very general, influencing nearly all his behaviour, or very specific, in which case only behaviour in certain kinds of situations is influenced by the particular trait.

Eysenck and Cattell use a particular statistical procedure factor analysis to determine the basic traits that make up the human personality.

Classification of traits by Allport—Gordon W. Allport advocated the open approach in considering the problems of personality theory. To him man's personality is not only a self enclosed entity but also open to the world in general. He believed that the traits are the basic units of personality. According to him traits actually exist and are based in the nervous system.

Allport recognised that there are many factors which determine behaviour. The totality of mutually interdependent traits has to be considered as the main and fairly consistent element in behaviour. Behaviour depends upon traits, and upon special qualities of stimulus and the temporary distribution of tensions within one's psychophysical system.

Allport and Odbert (1936) found 17,953 trait names. Allport made a rough classification of traits into (1) Cardinal, (2) Central, and (3) Secondary traits. The cardinal traits are dominant, all-pervasive and few. Central traits are the "building blocks of personality". They focus on the primary aspects of the individual's behaviour. The secondary traits are less important in the scheme as these are limited in their occurrence, less crucial to a description of the personality, and more focalised in the responses it leads to, as well as the stimuli to which it is appropriate. These traits cannot be observed directly, but have to be inferred from behaviour.

In 1937 Allport further classified the traits into :

Individual traits—The individual trait is a true trait. Each person is unique, not only by virtue of an inherited physiological organism which will not be exactly like that of any one else, but more importantly, by virtue of his unique pattern of experiences which induce perceptions, distinctively his own. It seems that some traits are special cases for particular people and do not exist in the general population.

Common traits—A common trait is a category for classifying functionally equivalent forms of behaviour in a general population of people. To some extent it reflects comparable dispositions in many personalities, who because of a common human nature and common culture, develop similar modes of adjusting to their environments, though to varying degrees (*ibid* pp. 340, 349). A common trait, is a generalised disposition in respect to which people can be profitably compared. However

Allport himself was not fully satisfied with the common trait approach. He felt that trait approach is the only sensible one if we are to compare one individual to another. Common trait is simply a measure of number of individual traits as found in a number of people. It must be noted here, that all of us have certain experiences in common, and that we have perceptual worlds which are similar enough to communicate and transact affairs with one another. Common traits are therefore, those aspects of personality in respect to which most people within a given culture can be profitably compared.

Cattell's Theory of Personality Traits—Cattell views personality as a complex and differentiated structure of traits, and employs in this respect his theory of factor analysis.

Traits are the basic units of personality. The concept of trait assumes some pattern and regularity to behaviour over time and across situation. He agrees with Allport and Eysenck that there are many levels of generality of traits. Some traits may be common to all people, others unique to an individual, some determined by heredity, others by the environment, some relate to motives (dynamic traits), and others to ability and to temperament. Certain traits which appear in interpersonal contacts are readily observable.

An important distinction among traits is that between surface traits and source traits.

Surface Traits—These traits are expressive of behaviour that on a superficial level may appear to go together but in fact do not necessarily have a common cause. These traits are readily observable and appear in interpersonal contacts. They are also readily modifiable under environmental pressure. Cheerfulness, loneliness, and quarrelsomeness would be apt examples of this type of trait. Surface traits can be discovered through a subjective method such as asking people which personality characteristic they think go together.

Source Traits—These traits express an association among behaviour that do vary together to form a unitary, independent dimension of personality. Source traits underlie surface traits, determining observed behaviour consistencies through particular combinations. These traits can be identified only by means of factor analysis which permit the investigator to estimate the variables or factors that are the basis of this surface behaviour.

Cattell considers source traits more important than surface traits which are produced by the interaction of source traits and are generally less stable.

Cattell also recognises two kinds of traits according to their origins—Constitutional and Environmental mold traits. The traits that result from the operation of environmental conditions are called environmental mold traits; those reflecting hereditary factors are called constitutional traits.

Traits may also be divided in terms of the modality through which they are expressed. If they are concerned with setting the individual into action towards some goal they are dynamic traits; if they are concerned with the effectiveness with which the individual reaches the goal they are ability traits.

Eysenek's Factor Theory—As an outstanding factor theorist, Hans Jurgen Eysenek, tends to be tough-minded and operational in approach, placing great emphasis on conceptual clarity and measurement.

The basic structure of Eysenek's classification is not unlike Allport's. He too recognises a hierarchial arrangement of consistencies from least to most, the specific response, a habitual response, the trait and the type. Cattell emphasises traits, Eysenek emphasises types. At the most general level are broad dimensions or types; at the next level are traits—Cattell's source traits would fall here; below this, is a level of habitual responses; at the bottom of the hierarchy are specific responses.

In his earlier research Eysenek found two primary dimensions to Personality Introversion—Extroversion and Neuroticism. Thus, for example, the trait of sociability, impulsiveness, activity, liveliness, and excitability can be grouped together under the type extroversion. In contrast to these characteristics the introverted person tends to be passive, careful, thoughtful, peaceful, controlled, calm and reliable. A neurotic type was found to be inferior in nearly every respect; intellectually, physically, emotionally, and especially with respect to the ability to sustain motivation. Individuals high on neuroticism respond quickly to stress. Eysenek has added a third dimension, which he calls psychoticism. People high on this dimension tend to be solitary, intensive, uncaring about others and opposed to accepted social customs.

Eysenek has also made an important methodological contribution like Cattell. He has used ratings, questionnaires, situational tests and physiological measures in investigating his personality factors. This is called the method of Criterian analysis (1950). The method is simply a stipulation that the factor analyst should begin with two groups which are known to differ on some hypothesised underlying factor. A factor is adjusted in the analysis in such a way as to give maximal separation to a particular Criterian group. Eysenek's normal and psychotic subjects can provide an example. When the measure are obtained from the two groups, only those which discriminate between the groups can justifiably be assumed to relate to the hypothesised factor.

Comments on Trait Classification

There are limitations to the contributions of each of the trait theorists as well as to trait theory as a whole. There is a diversity among trait theorists regarding the concept of trait and emphasis on individual differences. Allport rejects factor analysis as a major tool in research, whereas both Eysenek and Cattell make major use of it. Eysenek emphasises the level of analysis whereas both Allport and Cattell prefer to stay at the trait level. The trait theory generally emphasised the individual differences and personality as a central part of psychological variables. However, it neglected the emphasis of situation variables. Further, critics of trait theory emphasised the limitations of factor analysis as a method of discovering the structure of personality.

PART II

CHILD CARE

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6

Common Childhood Problems

SOME CHILDHOOD PROBLEMS

As children grow, their behaviour changes with the changes in their desires, knowledge and their ability to discipline themselves. Practically every child passes through a number of typical stages, each with its typical behaviour. Since personality differentiation, developmental tasks and typical life stresses differ in each stage, i.e., childhood, adolescence and adulthood. We should expect to find some change in behaviour pattern. Further, the behavioural norms in every society are different. A normal behaviour in one society may be seen as a problem behaviour in another society.

Generally what adults call behaviour problem is perfectly normal for children at a certain stage of development. Whatever behaviour is normal for the child's age-group is not a "behaviour problem". A behaviour problem, then, is some form of behaviour that is not appropriate to the child's age and development. For example, thumb-sucking is not a problem in a child of twelve months, but if he still sucks his thumb much of the time at five years, it usually indicates that something is wrong. Problem behaviour is a deviant behaviour of a child, which does not confirm to the social norms and which deteriorates the welfare of self, family as well as society.

Types of Childhood Problems

The most common problems of early childhood can be categorised as below;

Eating Problem—We all start life with a good strong healthy appetite and as a matter of fact, children eat very much more during infancy. As the child grows and his needs expand, the associations and problems involved with feeding change become more complicated. Thus what we call eating habits, develop not only according to direct physical need but also in relation to the emotional influences of acceptance, love and security.

Eating problems often occur first in the "stubborn age" that begins at about the age of two. At this stage children develop unfavourable attitudes towards meal, become indifferent and even actively resistant to the food offered to them. The problem is mainly seen where plenty of the food is available. The problem may be caused because of the over-anxious mother's faulty ideas about amount of eating by the child. The amount of food a child consumes and the type of food he needs—and wants—changes drastically over the years. During his first year while he is gaining rapidly in weight and height, his appetite keeps pace with his growth. After one year, however, when growth usually slows down, his appetite wanes. At this time too many parents create feeding problems by trying to coax or force the child to eat more than he wants. If the child is forced to eat, however, or if food is used as part of discipline, he may learn to associate it with punishment, and the eating problem may become both more severe and difficult to deal with.

Prevention—If a child becomes a problem-eater, a slow-eater, a non-eater, or a non-stop eater, his parents should resist the temptation to scold him. The best way to treat a eating problem in children is to do nothing. We let him eat if he wants to, and let him not eat if that's what he wants.

The first thing is to verify that there is a problem. The cause may be the parent's attitude towards the child's eating. If this is the case, parents should be more causal and understanding at meal times. Children often lose their desire for food in very hot weather, or when they have been over excited or inactive, or recovering from illness. The parents should not make a fuss over such a temporary loss of appetite, because it will be regained soon. A small amount of food should be placed on the plate or the food should be given in a small amount. Self-feeding should be encouraged. Children are more apt to enjoy their food if they feel competent in handling it.

The meal should be planned with the principles of nutrition in mind. Many parents have found a taste rule highly successful in getting children to try new foods at family meals. If a child knows he will not have to eat more than a spoonful of any unfamiliar food each time it is served, he will be much more likely to give a try. After enough attempts, he will gradually get used to it and begin to eat it. Parents should be flexible and appreciative of a wide variety of food, to build similar habits in the young.

The meals should be served attractively with good conversations and companionship. If the meals are served haphazardly, the enjoyment of food is reduced. An important part of childhood education in the home is learning to eat well and to enjoy food without becoming either finicky or gluttonous.

Sometimes a severe eating problem is an indication of some physical or psychological disturbances in the child. Then the child's doctor is the best source of advice. For psychological causes it should be recommended to a child psychiatrist or counselling service.

Sleep Problems—Sleep is absolutely essential for the physical and emotional well-being of children as it is for adults. Parents are very rightly concerned about giving them enough sleep as they are about giving them enough food. All parents have trouble at times getting their children to sleep. Sleep problems can stem from several sources—he might have had a very strenuous day and may be overstimulated, or the afternoon nap might have been too long or he does not get enough physical exercise, or fear of the dark, nightmares etc.

Setting up the proper sleeping schedule for a growing child can be a perplexing parental problem because the amount of sleep children need varies from year to year and from individual to individual. It is, therefore, difficult to make hard and fast rules about how much sleep a child should have at a given stage. However, even the most active youngsters need a regular nap or quiet period until they begin to go to school. Parents who realises this and change the sleep schedule from time to time help to solve many sleeping problems. A baby's sleeping habits change along with his feeding patterns. Somewhere between four and ten months most babies adopt three meals a day, and no longer sleep until they wake-up ready to be fed. As the child approaches the end of the first year, he usually consolidates his periods of wakefulness, so that he sleeps through the night and takes two naps a day, one of which may be given up in the middle of the second year or even sooner.

During the pre-school years children need about twelve hours of sleep at night and an hour or so rest in the afternoon. But the sleep of preschool children is often troubled by nightmares. A child awaking from a severe nightmare may be sobbing and very fearful. But reassurance that there is nothing in his room but his familiar playthings can make a child relax and able to sleep again. A succession of frightening dreams, may be related to some difficult developmental process, such as toilet training or to an emotional trouble—separation anxiety. A child may wake believing that his vivid imaginings are true. At such times, only some one he love and trust can console him.

By the time the child has reached school age, he has fewer bad dreams and is usually able to handle them in a more adult manner. But if the child is still troubled by nightmares he may have a complicated emotional problem and be in need of professional counselling.

A common sleep difficulty in preschool children is waking up and wandering around the house at night. Seeing their child walk in his sleep is naturally disturbing to parents. A few casual, comforting words, and the suggestion that he goes back to sleep are the most effective ways to minimise the importance of the situation. He should not be scolded, nor should he be given the feeling that there is something serious in the matter with him. If a child is going through a phase of habitual sleep-walking, steps should be taken to prevent him from hurting himself. Doors and windows should be locked. Parents should try to discover whether there is anything in the child's daily life at home, at school, or with his friends about which he is seriously upset.

From five or six years there are great variations in sleep needs. During their first full days of school, children are likely to be exhausted and parents should keep a careful eye on them to make sure that they are getting enough sleep.

Often a child's attitude towards going tosleep is a reflection of the family feelings on the subject. In those household where sleep is looked on as a boon and a restorer rather than a duty to be faced or necessary evil, youngsters ordinarily approach it happily. However, despite conscientious efforts of loving parents, many children go through periods of resisting sleep or being unable to get to sleep. Serious sleeping problems can occur in families when discipline is too strict and unyielding. The opposite is also true and difficulties may occur when the child is left to make too many of his own decisions. Sleep problems may also arise, if a child is sent to bed as a punishment or told frightening stories about the dark. Chronic fatigue that is, the result of a prolonged loss of sleep due to illness, emotional difficulties, or inadequate supervision requires the attention of a doctor.

The above are common difficulties and usually the problems are outgrown in the ordinary course of development. The important thing to remember during times of sleep disturbances is that a combination of gentleness, reassurance, and firmness on the part of the parents is usually the best treatment.

Establishing good sleep habits—Sleep habits of children are the result of experiences accumulated from babyhood. For that reason every possible effort should be made to keep them aloof from developing bad sleep habits. One way to prevent sleep problem is establishing good sleep habits:

1. The time for bed and the routines accompanying it, should be consistent but not overbearingly rigid.
2. In order to help children, develop the habit of retiring

without a fuss; it is absolutely imperative that we start with this assumption that the children do not like to go to sleep.

3. The bed should be comfortable and the bed clothes of the right size and weight.
4. The room should be free of noise and other disturbing activity, and should not be too hot or too cold.
5. The child should have his own bed. Familiarity with routine and bed-room is a strong aid to sound sleep.
6. The youngster should be given a heavy meal before he goes to bed.
7. The children should be given a warm bath before bed time if they look tense.
8. Exciting games, stories, T. V. shows before the nap or evening bed time should be avoided.
9. One should not hurry or fuss the child off to bed as if parents want to get rid of him.
10. Children should be encouraged to talk about their fears of the dark and the child should be made to see that his fears are only imaginary and not real.
11. A substitute should be offered for parents if they are about to leave the room after putting the child to bed, e. g. a stuffed animal or dolls.

Toilet Problem—Toilet problems are normal during the period when the child is learning to control himself. It mainly includes problems of bladder and bowel control. Bed-wetting or enuresis is an extremely common problem among children. Enuresis is not a disease but a symptom. Most small children wet their beds occasionally, but although this is a nuisance it is no cause for alarm. Only when the child persists in regularly wetting his bed long after the age when he can reasonably be expected to have stopped, or when a child who has stopped bed-wetting reverts to it on a regular basis, parents should have some concern. Regular as opposed to occasional, bed-wetting is known medically as enuresis.

There is no definite age by which a child should have learned to control his bladder. Some children reach this stage by the time they are three years old, others not until they are five or six or even older. About twenty-five percent of children fail to acquire bladder control after the age of 3 years. Generally, the four or four and a half year old boy, if all goes well, keeps his bed dry at night. A girl can be expected to do the same as much as a year sooner.

The causes of enuresis are not known satisfactorily. Like other developmental disorders, enuresis is probably multifactorial in origin. Some children with a small bladder capacity nonetheless manage to avoid bed-wetting because they are not deep sleepers and are easily awakened by the stimulus of a full bladder, which sends them to the bathroom. The majority of children, however, are deep sleepers, and this coupled with small bladder capacity, is the most common cause of bed-wetting. This trait often runs in a family. It frequently happens, as a matter of fact that if a child wets his bed, one or both of his parents prove to have had the same problem. Very occasionally, a child who wets his bed does so because he has some disorder of the urinary tract. This normally causes lack of control during the day as well as night.

Emotional factors can also be a factor of causing bed-wetting. This is especially true in the case of children who revert to bed-wetting after a period of control. This may be a sign that a child is having difficulty in adjusting to new situations or disturbing events, like arrival of a new baby, moving to a new home, entering school for the first time, or any change in a child's life. It can also occur after an illness or accident.

Too early efforts at toilet training can also postpone the age at which a child learns to control his bladder. A child may feel that his parents expect him to behave in more grown-up ways than he is ready for, and this may result in feelings of insecurity. Wetting his bed so that his parents either have to visit him in the night, or spend time changing his bedding, may be an unconscious way of gaining attention. Toilet training, like learning to walk and talk is a task that a child cannot successfully undertake until he has grown physiologically to the point where he is ready for it.

Helping to stop bed-wetting—Because there is no given age at which babies are ready to learn these skills, each baby's readiness must be judged separately. The child can be encouraged to avoid drinks immediately before going to bed, and to cut down the amount of drinks in the hour or two before bed time. It is sometimes also suggested that a child will be less likely to wet his bed if he is awakened and taken to the toilet during the night. This is only a good idea providing the child is fully awake when he goes to bathroom and not just walking in his sleep. It has also been sometimes suggested that if a bed-wetter is given an increased amount of fluids or drinks during the day, and encouraged to hold off urination as long as possible, this will gradually increase the capacity of his bladder.

The parental attitude—It is important to realise that in these situations a young child does not wet his bed deliberately, but from causes beyond his control, and so scolding or spanking him will make him only more upset and less able to regain bladder control. The parents should also understand that achievement of urinary control, particularly during the night, is a much slower and more complex process.

Such an attitude will encourage the baby to be relaxed—which is essential to learning any new skill. Many parents insist on trying to impose a rigid pattern of performance on the child before he has any idea of what is going on, and long before his nervous system is able to cope with the problem. That is why so called early toilet training during this period is largely a waste of time, and causes unnecessary frustration for the mother and may lead to very angry feelings in the child.

If a child is pressed by parents before his body is capable of bladder control, he may so resent these unreasonable demands that he will fight back by continuing to wet even after he develops control. Experts have found that average child is able to cooperate in a consistent programme of toilet training when he is nearly twenty-four months old. Studies of large numbers of children under various circumstances have shown that even when mothers have never raised the question of 'going to the toilet' children begin to show an active interest in staying clean and dry, and to initiate their training themselves.

Thus, it is best that parents should not make bed-wetting an important issue. A child should not be unduly praised on the occasions when he succeeds in controlling himself, for this too tends to make the problem seem over important and neither should he be punished for loss of control. Knowledge of certain facts about child development will help parents keep a sensible perspective on what to expect from the child.

Difficulty in Bowel Control or Encopresis—Faecal soiling, also called encopresis, is the passing of faeces in the clothes. A normal child acquires bowel control by the age of three. Thus, he gains control over two appertures of the body that previously functioned automatically, and this gives him a lot of pride; in fact he is so proud at first, that he tries to perform every few minutes. Successful cooperation on this major project will give parents and children a new confidence in each other.

In the first year, a baby shows very little awareness of bowel function and does not participate—in a voluntary sense—in moving the bowel. In the first half of the second year, children gradually become more conscious of when a bowel movement occurs. They may change facial expression momentarily or may pause in what they are doing. In the second half of the second year, i.e. 18 months to 24 months, a majority of children show more definite signs of readiness. That is why so-called early toilet training is largely a waste of time. Toilet training, like learning to walk and talk, is a task that a child cannot successfully undertake until he has grown physiologically to the point where he is ready for it. This varies widely. There is no one system to follow, no one time to start, and no reason why all children, even in the same family, should respond in the same way.

Majority of the cases of soiling are emotionally determined and may be of the regresaive or aggressive type. Regression may be caused by a variety of circumstances, but usually there prevails a serious disturbance in the child's emotional life. Common causes are the birth of a sibling, the illness or death of a parent, frightening experiences, or maternal deprivation. Aggressive soiling is usually due to any disturbed relationship between the parent and the child. Parents with an obsessive personality and high regard for cleanliness and order, often have such problem children. There are also babies who suddenly change their pattern after having used the pottie over several months. Such a child starts holding the movement as long as he sits on the pottie. No sooner does he get away from the seat, he moves his bowel in a corner of the room or perhaps in his pants. Psychologists believe that this phenomenon results from the fact that the child has begun to think that his stools are a part of his body, and he wishes to hold on to his possession more obstinately.

Temper-Tantrums—To lose one's temper means to give expression momentarily to feelings of anger. A child may show temper when he fails to achieve what he wants to achieve, or when he loses in competitions, or when he has to face an unfavourable comparison. He shows temper when he is tired physically or not well or wants attention from parents, who he thinks are neglecting him. Children, as they grow are also constantly being forced to change and modify their natural impulses with the demands of society. Thus, childhood is full of frustrations, rebukes and prohibitions, and since the main reactions a child has at his command are emotional ones, anger should be regarded as a perfectly normal outlet.

The frequent form of temper in a small child is the tantrum. A temper tantrum is, of course, a violent outburst of anger and hostility involving any combination of the following signs with varying intensity—crying, shouting, stamping, throwing-things, kicking, biting, scratching oneself. This violent type of behaviour is often associated with various stages of development and is usually a normal transitory phase of a child's growing personality.

Prevention—During a temper tantrum, parents are advised to be patient and loving. An attempt should be made to slowly calm the child down, rather than to force him to suppress his feelings by threatening him with punishment. It is wise to ignore anger of the child instead of flaring up, which will reinforce the child's anger. A wise parent tries to restrain his own temper and meet childish tantrums with both fairness and firmness. Sometimes it is even better for the child to show his temper, which might be an expression of hostility against parents, sisters and brothers. If the child is not allowed to "work out" his anger to some degree, it may build up into serious tension and feelings of guilt. Parents should handle his anger right from start and he will learn much more easily to express it in more acceptable ways.

Though temper tantrums are usually a normal, transitory phase of a child's personality, it is a signal of serious trouble if it persists into school age.

Nail-biting—Nail biting is another method a child uses to get relief from some pressure or anxiety building within him. In very young children, nail-biting may begin when thumb-sucking stops. Other children, even those who have seemed quite relaxed during their early years may begin to bite their nails soon after they start school, when the pressures from parents, teachers, and classroom competition begin. Some children do it only when they are taking a test or reading or doing their homework; many seems to find it necessary almost continuously. It is a sign of tenseness and is more common in relatively high-strung, worrisome children, and is particularly widespread during adolescence. Usually it is a symbol of nervousness and serves as a means of reducing tension. It gives him a task of infancy again. This is the way of telling us that infancy still has a great appeal for him. It gives him an aggressive outlet and also relieves the pressure of his compulsions.

Like most other nervous habits, nail-biting is easiest to cope with in its earliest stages. Most children eventually get over it completely by themselves. If parents notice that their child has begun to bite his nails they must look for the reason. Probably it is a new set of tension producing circumstances, such as entering school, or moving into a new neighbourhood, or a new baby. Parents should try to learn what the circumstances are, which gave rise to it. Taping up the fingers, putting an evil-tasting substance on them, rewarding abstinence, and other kinds of frontal attack on the habit are likely to fail. Nor will nagging, shaming, or punishing help; these are likely to increase the anxiety. Parents should try to reassure the child and build up this confidence. Most nail-biters outgrow their habit; once the tensions of adolescence are past, nailbiting is likely to be abandoned along with other form of child behaviour.

Thumb sucking—Thumb-sucking appears fairly common among children. It is an extension of normal infant activity. The sucking instinct is present from birth, and an infant derives both nourishment and pleasure from nursing. Because the instinct is so strong, there is a natural tendency to continue this pleasurable sucking activity even at other times and especially during moments of stress.

The main reason that young babies suck their thumbs seems to be that they have not had enough sucking at the breast or bottle to satisfy their sucking need. All babies are not born with the same amount of instinct to suck. There may be a baby who never nurses more than 15 minutes at a time and yet never once puts thumb in the mouth, and an another whose bottles have always taken 20 minutes, and he thumb-sucks excessively. A few begin to thumb-suck in the delivery room, and they keep at it. It seems that a strong sucking instinct runs in some families. There are two conditions indicated by thumb-sucking. One is typical of infancy, and other of childhood. Although it may arise earlier, thumb-sucking usually appears about the time the child is six or seven months old. There are a few reasons for this :

1. By this time, he is generally bottle-fed and the nipple has been used long enough to have become worn, *i. e.*, overly soft, and the holes are enlarged. The infant gets the milk so rapidly that although his hunger is appeased, his need to suck remains unfulfilled.
2. This is the time when teething begins. This increases the infant's demands for sucking in order to relieve the pressure on his gums.

3. Some parents are too ambitious for their children and begin to wean them from the bottle long before they are ready. Children are rarely ready for weaning before nine months of age.
4. Some parents actually encourage their children to finish the bottle too rapidly. They think this is the sign of a healthy or good baby. He may be both healthy and good, but the fact remains he is not getting enough sucking.
5. In itself, thumb-sucking does no harm, contrary to former beliefs and despite what well-meaning friends and relatives may say, most doctors agree that it causes no damage to the structure of the permanent teeth or of the lips. It does not result in any facial deformity.

Thumb-sucking does reduce tension, but it does not cure the situation that produces the tension. The conditions indicated by thumb sucking any time after the first year and a half of life are a little more complicated.

Traditional forms of restraint, such as putting spices or bandages or quinine on the thumbs, or sprinting the arm will not help solve the problem, and may even be harmful to the child's emotions. It might also increase the child's guilt complex.

Frequently, the key characteristic of a child who continues thumb-sucking is passivity. What he needs is encouragement in other activities during the day. A child is not likely to spend time sucking his thumb if he finds his home life happy and interesting. Children have a lot of energy which need to find an outlet. Give them paper, pencil, blunt scissors, clay or mud for modelling, building blocks and other things to do, which will keep them usefully and happily occupied.

Sometimes, however, a child continues the habit very late into childhood, using it perhaps as a way of clinging to the security of babyhood. In such cases, parents should attempt to find out what stresses in his daily life are bothering him. It's better to do absolutely nothing about thumb-sucking than to do the wrong thing. If we cannot understand why our child sucks his thumb, we should disregard it completely.

Speech Problem—Over one hundred muscles are involved in speaking a simple word, and putting a sentence together is a still more complicated procedure. Thus learning to talk is one of the most complicated tasks for children. A baby's first sounds are more or less accidental. Gradually he becomes able to put these sounds together into words, and imitate those used by his parents and others around him.

Children vary widely in the age at which they begin to talk. There are marked differences, also in the clarity and skill of their speech. These depend on a combination of physical, mental, and social factors. Speech disorders occur when this process is disturbed by congenital physical defects, illness, or psychological difficulties. Several types of birth defects may cause speech problems. For instance, a child who at birth suffers from deafness cannot learn to speak in the usual way; various forms of speech defects appear in most cases of mental retardation; any illness that causes damage to the brain may also affect the child's ability to speak. Speech defects of psychological rather than physical origin often appear in the form of stuttering or stammering.

Stuttering—Stuttering is a form of speech impediment that is a common problem among pre-school children. Speech therapists distinguish between two types of stuttering: tonic stuttering which is the prolongation of the sound of the opening letter of a word, and clonic stuttering, the repetition of a letter. Some people refer to the first of these two types as stammering. The distinction is not usually very helpful because often both types occur together, and they are caused by the same factors. Tonic stuttering occurs when a child cannot get a word out. He may begin to form a word starting with a consonant such as 'm' and be unable to make the sound completely. When the child succeeds in forming the word, it often bursts out explosively. Some children have difficulty only with certain consonants; others may be stopped by a sound in one word and not in another.

Clonic stuttering is the repetition of the same sound over and over again. A child is able to start a word but instead of forming it, he becomes caught up in one sound. For instance, instead of saying "cat", the child will repeat the opening C ("C C-C-C-Cat") until he manages to finish the word.

In the pre-school years, learning to talk is one of the most complicated tasks a child faces. Between the ages of two and three, the child may have much more to say his vocabulary permits, and be so eager to try that he lapses into stuttering. Stuttering at this age is found to be more common in boys than in girls.

In some cases, early stuttering tends to disappear without treatment, especially if the parents do not make an issue of it or call attention to his difficulties.

Causes of stuttering—Stuttering that persists is usually more serious and may be due to deeper personality reasons. These causes are not fully known or understood, but a child's emotional state has a lot to do with stuttering. Generally they arise out of feelings of anxiety and insecurity. Once the habits are formed, they may continue long after the original causes have disappeared. Parental pressure to force a child to speak excessively coherent, well composed sentences may make the child worry so much that he becomes unable to get his words out. A child who is shy among strangers may start to stutter after he has been forced to recite. Consequently the embarrassment of his stuttering make him even more insecure, and the stuttering may become deeply ingrained.

The private worries of a child can also make him so tense that he starts to stutter. There are many occasions when a child shows some delay in the development of proper speech as a result of fairly accidental factors in his surroundings. For instance, a child who faces a change in family circumstances, such as death or divorce, or the arrival of a new baby, may begin to stutter. Another common time for the onset of stuttering is shortly after a child has started school. As the child adjusts to the new social and intellectual demands of school, his stuttering usually disappears. Trying to change a left-handed child to being right-handed sometimes appears to start stuttering. The part of the brain that controls speech is closely connected to the part that controls the hand that a person naturally prefers. When parents force him to use his other hand, it seems to confuse the nervous machinery for talking.

Dealing with sttutering—One must remember that speech is a very complex affair, involving hundreds of muscles and nerves. Manipulations of the muscles is largely an unconscious process, that is why the child finds it so difficult to achieve conscious control of the organs of speech. Sometimes the control is good with certain forms of utterance, such as talking on the telephone or singing, and it may be good in the presence of certain persons, but oddly control may break down completely under other conditions. Since stuttering is not consciously produced by the child, it is worse than useless to keep after a child about his stuttering. The best way to handle these imperfections is to ignore them.

The parents can help by listening patiently to the child and not rushing him. Many parents are unaware of how often they either fail to listen when their child says something, or else impatiently interrupt to finish his thought for him. This tends to make him self-conscious and uncertain. The child should not be pressed to talk, but when he does talk, his parents should hear him out patiently and with interest. As the child becomes more assured of his parents' interest and affection, the stuttering is likely to diminish or disappear.

Parents should always speak to the child clearly so that he can learn how words should sound. They should avoid baby talk, especially after the age of nine months. Parents should arrange for quiet periods, possibly at bedtime, when they can talk with the stutterer in a calm and unhurried manner.

If the speech defects continue as the child approaches school age, professional help may be needed. School-mates may make fun of him and further damage his self-confidence. This will lead to grimaces, foot-stamping and other gestures called Secondary stuttering—a more stubborn condition to deal with.

Causes of Childhood Problems—The basic causes of childhood problems are faulty interpersonal reactions between the child and his environment. However, it is also true that a given environment background or rearing, will produce certain behaviour deviations in one child, certain other deviations in another child, and no unusual behaviour at all in the third child. Thus a proper appreciation of the causes of behaviour problems is, however, made difficult by the fact that individuals differ from one another, mentally, emotionally and physically. In other words, heredity and constitutional factors like physique, intelligence, emotional disposition should be studied together with environmental factors like his family, parents, siblings, school, peer group etc.

Heredity—Heredity is often held responsible for many behaviour deviations such as bed-wetting, aggressiveness or shyness. But it is clear from various studies that, as human beings, we do not inherit any fixed behaviour patterns. What we actually inherit is only potentiality towards certain behaviour patterns like intellectual behaviour and emotionality, and predispositions to certain abnormalities. The way these abnormalities are manifested in behaviour depends on the environment. For example, if two identical twins having the same heredity factors, are brought up in different family environments, one may develop behaviour problems, but the other may not. In general, genetic factors serve as predisposing elements in behavioural outcomes and represent "a varying blend of what was given at conception, and environmental forces that have since operated upon it."

Environmental Factors

Family and Home—All schools of psychology are in agreement that the impact of the family on a child's personality is of pre-eminent importance. It is the family where the young child encounters the initial experiences which determines whether he will develop a sense of personal security and of being loved and accepted. In the family the child meets situations which determine the extent of his sense of adequacy and personal worth. The parents are the primary agents in the transmission of the culture of the group to the child, and the socialisation of the child. Psychoanalysts have stressed the importance of early family experiences on the child's behaviour and attitudes. Freud as well as Adler have emphasised how over-protection of the child by the parents, predisposes the child to neurosis.

Most research in this area has concentrated on mothers. The Sears data is based entirely on mothers' reports. The Becker's investigation indicates that the behaviour of the father may be of substantial importance in determining whether or not the child becomes a behaviour problem.

In the Sears data a number of relationships are reported, of which we shall mention only a few.

1. **Strictness and Warmth**—A child has emotional needs of affection, love, warmth, protection, acceptance, security and recognition from parents. If he is deprived of them he develops a problem, and particularly, deprivation of affection has the most damaging effects. Children deprived of affection suffer delay in physical development accompanied by general apathy, loss of appetite, and psychosomatic illness. Feeding problems also became more frequent, as warmth and affection decrease.

Permissive child-rearing practices are associated with better socialisation and cooperation, more friendly feelings towards other children, high degree of initiative and independence. But there should also be some awareness of limits to permissive behaviour, as without these controls, children become egocentric and socially thoughtless.

2. **Rejection and Dependency**—Both over-protection and rejection impair the growth of the child. Rejection of the child by the parent affects his sense of security, increases his sense of helplessness and undermines his self-esteem and self-confidence. This makes his adjustment to life difficult. Various behaviour problems like bed-wetting, feeding difficulties, nail-biting etc. may be traced to a lack of sense of security in the child. When the child grows up he develops various kinds of anti-social behaviour like aggression, lying, stealing, showing off

etc. The Sears data indicates that if the mother seems to reject the child, he is more dependent than if he feels accepted. Punishment for aggression towards the parents produces more dependency.

3. Favouritism—Generally children who come from homes with good parent-child relationship tend to be tolerant to others, successful in social participation and possess good intellectual control. On the other hand, those who come from homes with unfavourable parent-child relationships tend to be intolerant of others, impulsive, with weak intellectual control and characterised by social withdrawalness rather than social participation.

4. Size of the Family and Child's Position in the Family—Children in small families get more attention and affection from the parents which helps towards their better adjustment in general. The child's ordinal position in the family may have some relationship with behaviour problems.

Most of the studies show that the eldest and the youngest child in the family are subject to unusual influences and are more vulnerable to behaviour problems. The oldest child is often pressed to assume responsibilities beyond his ability; the middle child is frequently neglected; and the youngest one either spoiled or overprotected and may find it difficult to develop independence. The only child gets all the attention and affection from the parents, but their parents may also over-protect him making him dependent upon them.

5. Sibling Rivalry—Inter-sibling relationships are marked by a certain amount of jealousy and rivalry. Young children are naturally self-centred and demanding, seeking all their parents' love for themselves and thus they tend naturally to see their brothers and sisters as rivals. Since they depend on their parents for so much, it is easy for children to feel threatened by the thought of having to share the parents with their siblings.

Feelings of rivalry are most intense when the child is young. Not only are young children more dependent on their parents than older children, but they are less able to express themselves and "talkout" their feelings. The little toddler of two or three usually takes out his frustrations in temper trantrums and direct physical attacks on the brother or sister who has aroused his jealousy. The six-year-old child, better able to express his feelings and cope with his physical environment, learns to compete in more socially acceptable ways. As children grow older, acquire outside interests, and learn to stand more on their own, the need to monopolise their parents' affection usually diminishes and so does the competition.

6. Broken Homes – A broken home can be caused by death, separation or divorce. A home can also be psychologically or emotionally wrecked, if parental relationships among themselves are faulty and unsatisfactory. If there is disharmony owing to consistent fights among the parents, the child's basic needs of love, acceptance and security are not satisfied, and the child develops problems like nervousness, lack of confidence, bed-wetting and anti-social behaviour.

Other conditions that may prevent the development of feelings of security and adequacy, are overindulgent grand parents' interference in the problem of discipline, the loss of one or both the parents resulting in feelings of deprivation, and loss of love, or poverty, resulting in many frustrations and inadequate living conditions. Exaggerated emotional dependence on the parents at home and the emergence of problems of discipline may also develop insecurities in a child.

Sociological Factors

Though family is the primary socialising agency the child is influenced by the general society, neighbourhood and other institutions like school, clubs etc. For example, many of our youngsters develop delinquencies because undesirable patterns of behaviour are evident in their neighbourhood—patterns like lying, stealing, obscene talk and promiscuous sex interests.

The educational system ranks next to the family in terms of an important etiological factor. The child spends a large portion of each day, week, and year within its range of influence. Sources of pressure upon the child may come from the institutional pattern of the school. Behavioural problems like vomitting, tension, and feeding problems can be caused by tension of the school work, overstrict teachers etc.

Cultural Factors

The sex of an offspring still plays a very important role in our country. Birth of a boy is still celebrated with joy, whereas the arrival of a girl is not so welcomed. A definite distinction is made by parents while giving affection, attention, independence, and education to a son and a daughter, and this creates frustration in girls.

Thus apart from family influences, there are also many socio-cultural factors contributing to behavioural problems.

7

Discipline

Meaning of Discipline

For most parents, and certainly for society, discipline means punishment. But the dictionaries say discipline is training especially of mind and character to produce self-control or habits of obedience. One aspect of parental control that plays a critical role in moral development is discipline and punishment. Punishment has been the parents' primary mode of coping with children's moral infractions. Parents want their children to adopt the rules of society. Parental discipline, at its most effective, consists in teaching the child the limits of right and wrong so that he will be increasingly able to discipline himself.

Apparently, parents feel that if bad behaviour is systematically and forcefully stamped out, good behaviour will remain. Especially in the lower classes, where parents perceive punishment as a necessary retribution for children's offences, "the punishment wipes out (the evil) and so the parents feel they are really doing this child a special favour by inflicting this punishment, and this really make them very good or right." (Fawcett, 1972). Too few parents of any social class utilise the positive reinforcement method of rewarding good behaviour. Instead, most parents seem to take good behaviour for granted.

The popular concept of discipline is synonymous with punishment. Discipline means training and teaching to help children achieve the goal of self-discipline is essential. According to this concept, discipline is used only when the child violates the rules and regulations set down by the parents, teachers or adults incharge or the affairs of the community in which he lives. Used correctly, discipline is as Du Bois has said, a process of training and learning that fosters growth and development."

In discussing the elements of discipline, Hoffman states that all discipline techniques "have power assertive, love withdrawal and inductive components". This means—first, that discipline generates a certain amount of anger by preventing the child from doing motivated acts; second, that it communicates disapproval by the parent or teacher and third that it affects the learning of socially desirable behaviour. Discipline has always been regarded as essential to the child's development. The goal of all discipline is to mould the child, so that he will be able to adjust to the traditional roles prescribed by the cultural groups with which he is identified. As there is no single cultural pattern, however, there is no overall philosophy of child training to influence the disciplinary methods used. Thus the specific methods used within the cultural group vary widely even though all have the same objectives.

Factors Related to Discipline

The complex nature of the influences that determine disciplinary techniques have long defied analysis, however, with the aid of computers and data emerging from certain longitudinal studies, the inter-mingled factors relating to discipline are becoming clear. We find in general, rural parents are more authoritarian than urban parents, fathers more than mothers, older parents more than younger, and foreign born more than native born. All parents of whatever group, show less warmth and more punitiveness after the child's second year.

1. Parent as disciplinarian—Mothers play a more important role than the father in disciplining their children, and thus even the sons pattern more closely after the mother since it is to her policies that they must conform. Mothers usually question their children as to the facts of the transgressions before imposing discipline, while most fathers today still tend immediately to administer discipline as soon as the child (especially a boy) has transgressed (La Vail and Loft, 1973). On the other hand, fathers who are warm, secure, and somewhat emancipated from the traditional ideal of the hard-boiled male may be understanding and kindly, though firm, with their children. In general though the father is viewed as more fear arousing, strict, and likely to use physical punishment, especially with sons; the mother is perceived as more nurturant, loving and prone to use psychological control especially with daughters.

Parents' attitudes towards discipline are greatly affected by what parents think a child should be. If they think that the child should be 'good as gold', they will have a very different attitude toward discipline than they would if they were more realistic. The child also grows up not only adopting the parents' behaviour but also the parents' attitude and morality as well.

2. Social class—Parental disciplinary patterns also vary according to social class, but not in clearly defined ways. Middle class parents and teachers tend to be stricter, more coercive, and less tolerant than those of the upper and lower classes, but they are more consistent. The better educated they are, the more they favour democratic discipline. Middle class parents use verbal reprimands with the child more, while lower class parents are more limited and physical in their responses.

3. Parental personality—Being a competent mother or father is not so easy. Complication are caused by feelings, such as the feelings of parents towards their own up-bringing, or about the child's relationship with their own parents. Patterns of discipline used also reflect the personality traits of the parents. Those who are restrictive in one area, tend to be so in other areas as well. For instance, a parent may be relatively more restrictive or permissive concerning sexual behaviour than aggressive ones. A father may punish a son's aggression towards himself, but encourage the boy to 'slug it out' with his peers.

4. Age of parents or teachers—Young parents and teachera tend to be more democratic and permissive than those who are older. They prefer to exercise less control as children approach adolescence.

5. Concept of the adult role—Parents who believe in the traditional concept of the parental role tend to be more authoritarian than those who have accepted a more modern concept. Teachers who believe that there should be a rigid routine in the classroom, use more authoritarian discipline than those who have a democratic concept of teaching.

6. Sex of the child—Parents are generally stricter with their daughters than with their sons; teachers likewise are stricter with girls.

7. Age of the child—Authoritarian discipline is far more commonly used for young children than for those who are older. Regardless of what technique they favour, most parents and teachers feel that young children cannot understand explanations so they concentrate on authoritarian control.

Causes of Indiscipline

How to discipline our children has always been of central importance to the whole enterprise of bringing them up. Discipline primarily consists of habit formation. As a result the principles of learning involved in habit formation are also essential in discipline. These principles remain relevant irrespective of the form of discipline whether it is authoritarian or democratic.

1. Rules—Rules and laws serve two careful purposes in discipline. First, they act as an educational agency to acquaint the child with the standards of conduct that are acceptable to the group. Secondly, rules restrain undesirable behaviour. How many rules there will be, depends to some extent upon the size of the family and the disciplinary techniques used. The more authoritarian the discipline, the greater the number of rules. Without rules, children, as well as adolescents and adults quickly lapse into undesirable behaviour, which causes indiscipline to a certain extent. Rules tell the child what he has to do and help him to refrain from doing what is not acceptable to the group.

2. Consistency—The second essential of discipline is consistency. Unless discipline is consistent, the child is at a loss to know what to do and whom to obey. Inconsistency in training slows the learning process, while consistency speeds it up. With inconsistent training, he does not know what is expected and is often confused when the father or mother or teacher behaves inconsistently. This becomes particularly evident when there is disagreement between the parents or between the parents and the teachers.

Most parents and many teachers do not have a single pervasive philosophy about child training, nor are they consistent in the application of the method they generally use. They vary from leniency bordering on complete lack of control, to such rigid standards that the child is given little freedom of action. Fluctuation in the warmth of the parent-child relationship due to changes in the child's attitude towards his parents and his parents' attitude towards him is a common cause of inconsistency in discipline. When the relationship between parent and child is warm, the discipline is lenient, but when the relationship is strained, discipline becomes severe.

Perhaps the most common course of inconsistency comes from the different concepts of discipline held by fathers and mothers. When there is disagreement between the parents, parents tend to settle upon a strict rather than permissive position. Studies have revealed that children who later become delinquents and criminals had inconsistent discipline.

3. Reward and punishment—The third essential of discipline is reward and punishment. Positive motivation, in the form of reward, brings better results, than negative motivation in the form of punishment.

PUNISHMENT

Punishment inhibits undesirable acts, thus reinforcing learning and contributing to healthy emotional growth. All parents punish their children at times. Although they use punishment for the purpose of discipline and correction, it is unfortunately just as frequently used to express our impatience and anger also.

Punishment serves two major functions—first, they try to determine the repetition of socially desirable acts, and second, they show the child what the social group regards as right or wrong.

Kinds of Punishment—Certain forms of punishment other than corporal punishment, are widely used in our culture today. These include isolating the child, depriving him of some privilege, such as watching his favourite T.V. programme, frightening him by telling that the policeman will get him, shaming him, ignoring him, or threatening the withdrawal of love.

Parents often think of corporal punishment, especially slapping and spanking as the most effective ways of dealing with the wrong doings of a child. However, it is one of the least satisfactory forms of punishment, because the child seldom associates it with the act for which he is being punished. Since the anger expressed by adult shows up as a more dominant factor in the situation than the punishable act itself, the child tends to associate the discipline with pain, rather than wrong deed. Corporal punishment if used at all, should be used only upto about 2 or 5 years of age. It should be administered while the prohibited act is going on. When punishment is delayed, the child does not associate the act and the punishment, and the value of the punishment is lost.

When punishment is used as part of discipline, the most effective type is deprivation. Punishing a child by taking away some thing or some privilege from him, if done calmly, and not with great anger, but rather as a salesman announcing the price of something, then the child is reminded that parents had explained this to him before, and now they are merely carrying it out because of his own fault.

Dangers Involved in the Use of Punishment

1. Very often punishment does not result in the elimination of a disagreeable mode of behaviour, but merely succeeds in replacing it with something less obvious to us, even though it may be just as demaging to our child's

emotional health. A little boy for example, was punished severely enough to stop masturbating, but his desires remained essentially unchanged except that considerable feelings of guilt were now added to them.

2. Punishment produces anxiety in the child about his parents' love. This leaves him feeling rejected and frequently jealous, either of his brother or sister who avoided punishment at the time, or even of the parents themselves.
3. The punished child may develop hostility towards his parents. This poses a formidable problem for him. On the one hand, his parents are too big for him to take on successfully as opponents; and on the other, he is too dependent upon them to find such hostility satisfying. This is not to mention the fact that he also loves his parents. He is placed, therefore, in a position of conflict as soon as he adds hostility to his feelings of love.
4. Being punished frequently invites the child to remain infantile in many ways. He is punished essentially for something he likes to do. So instead of giving up what he likes to do, the child may feel it is not at all necessary. His punishment, he feels, is a worthwhile price for continuing the very mode of behaviour which his parents are anxious to modify. He can do what he likes, upset his parents, be punished, feel absolved, and go on doing the same thing repeatedly.
5. Punishment may fill the child's need for parental attention. Although children essentially want the love of their parents, they frequently settle for a cheap imitation of it—namely their parents' attention. It may not be a pleasant attention, but it is attention nonetheless.

Essentials of a Good Punishment

1. Punishment must be suited to the transgression, and it must follow the transgression as soon as possible, so that the child can associate the two and understand clearly why he is being punished.

2. The punishment must be consistently used whenever he breaks a rule.
3. Whatever form of punishment is used, it should be impersonal, so that the child will not interpret it as 'meanness' on the part of the punisher.
4. Punishment must be constructive so as to motivate socially approved behaviour in the future.
5. An explanation of the reason for the punishment should be provided, so that the child will see it as fair and just.
6 Punishment must lead to conscience building to guarantee future inner control of behaviour.
7. Punishment must not humiliate the child and arouse his resentment.

REWARDS

Thorndikes theory calls to mind the common use of rewards and punishments in the attempts to teach other individuals. It is commonsense to reward desired behaviour, and to punish undesired behaviour. In this way we hope see that the desired actions are repeated and the undesired actions are discarded in the future. Moreover, the rewards must be used to build up pleasant associations with the desired behaviour.

Rewards should not be confused with bribes. A reward is anything that is given for something a person has done. A bribe is a promise of reward, given ahead of time, to encourage good behaviour. For example, when a parent says to a child, "If you are good when we go to see aunt, I will buy you some ice-cream", that is a bribe. Bribes certainly make children realise that being good will be in their best interest, but they may also learn to depend on bribes for motivation.

There are many kinds of rewards that might be used in the discipline of young children. Perhaps the simplest and the most effective reward is social recognition. Gifts are sometimes given as rewards for good behaviour. A gift may be a token of affection, serving as a form of encouragement or it may be a token of confidence. Gifts add to the child's feeling of self importance.

A few principles of practical importance may be mentioned briefly:

1. A reward must satisfy—a real reward is something that fulfils a need or craving, e.g. food will be no reward for a already satiated individual.
2. The greater the reward, the greater the effect on learning.
3. The maximal effects of reward or punishment occur when they follow the response immediately—To have any effect at all, reward/punishment must be associated with the act, so the nearer they come in time to the act the greater the possibility of an association, due to the law of contiguity.
4. Reward serves as a powerful source of motivation.
5. Rewards are generally more effective than punishment—slight punishments are likely to be merely interesting, so have an effect opposite to that intended. They gratify the desires for attention and novelty, nothing more. On the other hand, when punishment are very severe, they have paralysing and discouraging effect.

Rewards condition the individual favourably towards the one who administers them, and so lead to future cooperation and obedience.

Need for Discipline—It has always been believed that children need discipline. In the past, it was believed that discipline was necessary to ensure that individuals adhere to the standards that society established and would tolerate no deviations. Today it is recognised that more importantly the child needs discipline, if he is to be a happy, well adjusted person.

Vincent and Martin have said: "Everyone needs discipline (rules of conduct) in order to adjust his needs and desires to those of others, and in order to keep the affection and approval of the people around him." (131).

Children differ in their heredity, makeup and their rate of maturation. Therefore discipline that is dovelopmentally appropriate for one child may not be appropriate for another of the same age. Also older children need a different kind of discipline than the very young. Instead of merely being told what to do and what not to do, they need an explanation of why certain forms of behaviour are acceptable and others are not. This will broaden their moral concepts and motivate them to do what is expected.

The need for discipline also varies according to the time of day. The activity in which the child is engaged also affects the need for discipline. Discipline is most likely to be needed in connection with routine activities, such as eating, going to bed, or preparing for school, and is least likely to be needed when the child is free to play as he chooses.

The need for discipline varies on different days of the week too. Weekends and Mondays are the usual times for increased discipline. Older children need discipline less often than younger children, because as the child grows older, he can communicate better and thus understands what is expected. It has been reported that 3 year olds are involved in disciplinary incidents, on the average approximately once a day, 6 year olds every other day, 9 year olds every fourth day.

Some Suggestions :

1. In order to raise a child well, one must first recognise his needs. Then one should decide what kind of discipline is required. Along with this, it is just as important to have reasonable expectations of him according to his age and level of development.
2. Try to be both firm and friendly. A child needs to feel that his mother and father, however agreeable, have their own rights, know how to be firm, and won't let him do unreasonable or rude acts. Parents often let a child take advantage of them for a while, until their patience is exhausted, and then turn on the child crossly. But neither of these stages is really necessary. If parents

have a healthy self-respect they can stand up for themselves while they are still feeling friendly. For instance, if your daughter is insisting that you continue to play a game after you are exhausted, don't be afraid to say cheerfully but definitely, "I' am all tired out, 'I' am going to read a book now, and you can read your book too."

3. Children must know their angry feelings are normal—when a child is being rude to a parent, perhaps because she has had to be frustrated or because she is jealous of her brother or sister, the parent should promptly stop her and insist on politeness. But at the same time, the parent can say that he knows his child is cross at him sometimes, all children get mad at their parents sometimes. Now though this may sound contradictory, child guide-work teaches us that a child is happier as well as better behaved if her parents insist on reasonably good behaviour, and at the same time it helps a child to realise that her parents know, she has angry feelings and that her parents are not enraged at her for this. This realisation helps her get over her anger and keeps her from feeling too guilty or frightened.
4. Avoid leaving options for the children. Just do what is needed and necessary. It is better not to offer a choice to very young children. For example, when it's time for lunch, lead him or carry him to the table, still chatting with him about the thing that was on his mind before. As the child grows older, he will be less distractible, and have more concentration. Then it works better to give him a little friendly warning.
5. There should be consistency in discipline techniques. Whatever type of discipline parents decide to use, it is essential that they use it all the time. They should not change from one another. The only time it is right to change methods is when it is clear that the discipline the parents decided to use is not working well enough. If parents are upset by what others say about the way they discipline their children and the way their children

behave, the parents may become unsure of their disciplinary methods.

6. Avoid threats as much as possible—threats tend to weaken discipline. It may sound reasonable to say, "If you don't keep out of the street with your bicycle, I will take it away." But in a sense a threat is a dare—the child may disobey. It should impress him more, to be firmly told he must keep out of the street, if he knows from experience that his parents mean what they say.
7. Both rewards and punishments need to be described and understood by the child. If either reward or punishment is given when not deserved, the child is confused and misled.
8. Determine first whether the child really wants to be well behaved and good, obvious as this may sound, it is generally the first thing we forget when our child presents a disciplinary problem. We unthinkingly assume that he wants to be bad.
9. Our primary emphasis should always be on the quality of our child's emotional adjustment rather than on his good behaviour. The problems of discipline impose the need to make many important decisions. The most basic of these has to do with what we ourselves want in a child. Without realising it, many of us act contrary to our primary desire to have a happy child by placing even greater emphasis upon his good behaviour. Although it is true that a happy child is also generally well behaved, it is not at all true that every well behaved child is happy.
10. One must teach one's child to handle his own impulses or to discipline himself by being fairly casual about it. Believing that if we merely overindulge our children and never deny them anything they will be willing to accept our discipline, when we finally offer it to them, is a fallacy. Children constantly need guidance and direction because their own desires are all too frequently irrational and irascible. If we were never to say 'no'

to our children we would be placing ourselves at the mercy of their enormously smaller appreciation of the world around us. The issue is not whether or not to deny them, but rather how to go about it. The recommendation that we be casual about it is not inconsistent with firmness.

11. It is important for us to find out whether our child has any special complaint in his life which may be undermining our disciplinary efforts with him. Aside from the many general difficulties a child faces in growing up, he frequently develops some special grip which we fail to recognise. One of the most common of his feelings is that his baby brother or sister has robbed him of the attention and affection we had previously solely given to him. Another equally common feeling is that his own father takes his mother away from him. A child builds up a certain amount of defiance inside himself as the result of these circumstances. So the increased harshness with which we approach his disobedience only justifies his defiance and in turn increases it. What he needs is some reassurance of his status, acceptance, and love, before we can begin to discipline him.

8

Child Health

Meaning of Health

Health is a state of being hale and hearty in body, mind and soul, especially free from physical disease or pain. The well known Sanskrit saying, "शरीरमद्यं खलु धर्मं साधनम्"—rendered into English, means a sound physical healh is the first and the most important requisite for the performance of one's duties in his life. The World Health Organisation defines health as a state of complete physical, mental and social well-being. Essential to the healthy development of the child is the ability to live harmoniously in a changing total environment. Health is a state of moral, mental and physical well-being which enables a child to face any crisis in life with the utmost facility and grace. The health of the child and that of the society within which he lives are inter-dependent upon each other. Health is seen as the consequence and the evidence of a successful adaptation in the conditions of existence, while physical or emotional disease is seen as a failure in adaptation.

The child's general health condition is reflected in his appearance, as well as in quality of his behaviour. In appearance, all healthy children have certain common characteristics. The mucous membranes are pink, the facial expression is happy, the eyes are bright, the skin is smooth and elastic, the limb muscles are almost straight. By contrast, the child whose health is poor is either underweight or soft and flabby, his posture is poor, legs bowed, usually he is short and his rate of growth is slower than other children of his age.

In many developing countries about a quarter of all the children die before they are five years old, and many of the living children are sick and unhealthy. Forrest E. Linde has also stated that the health of a country's people is traditionally measured by the rate at which they die; a decreasing death rate is taken as an indication of increasing health. In recent years however, the concept of health has undergone significant changes. There is a new interest in the total quality of life rather than merely the length of life.

Thus we may infer that health includes physical strength, activeness and resistance of any child to any physiological disorders. Perfect health is beyond imagination, but optimum health is the highest position of health which most of the children can obtain.

Child's Health and Environmental Factors

Since man is an inseparable unit of nature, there is a tremendous effect of the environment in which he lives and his surroundings upon his health. When the child is successful in maintaining proper balance between his environment and is able to overcome harmful elements such as virus and bacterias, and harmful physical and chemical substances, he is considered healthy. The child's health is mostly judged by hereditary and environmental factors.

CHILD'S ENVIRONMENT

The child's health varies not only according to the climate and topography of the region, but also according to the way the child lives. The balance between health and disease constantly changes as the environment around the child changes. Three interacting elements influence disease in children—The agent or immediate cause such as burns or poisions; psychological, such as the lack of emotional security in childhood; or bacteria parasitic or viral. The second element is the host, the effective child, as his body and mind respond to the forces that act on him. The third is the environment, physical (climate, soil, atmosphere), biological (plant and animal), and most important, social (the organisation of man into groups).

The relationship between these elements is complex. Both the activity of the 'agent' and the response of the 'host' are influenced by environment. The germ that in the agent of cholera for example, multiplies in water and dies in dry soil. The availability of food in an environment influences the resistance of the child to infections; the substitute environment furnished for a child deprived of his parents influences his physical, psychological, and social development. But the environment can also be altered by the activity of the agent and host.

Thus it can be said that the health of the child mainly depends upon the environment he occupies. The most critical environmetal problem which may spoil the healthy surroundings of a child can be grouped as the following:

Pollution

The environment around the child is polluted by many pollutants, which unfavourably alter his environment. These are the by-products of man's actions, the residue of things he makes, uses and throws away. They include the excretory waste from human and animals, industrial sewage and gases, pesticides, automobile exhausts, empty cans and bottles, radiation and even heat and noise.

Moreover, these pollutants will always be with the child; they will increase as the population and living standard increases and become more concentrated as the process of urbanization continues and more people crowd in smaller areas.

Water Pollution

Water in its natural state is never 100 percent pure. As soon as it condenses as rain it begins gathering impurities which it carries until it is purified or until it evaporates. Water pollution means the presence in water of any substance that impairs any of its legitimate uses.

The principal form of pollution are domestic wastes, industrial wastes and silt. The first includes everything that goes down the drain of a city into its sewer system. Industrial wastes include the acid, chemicals and other matters discharged by factories. Silt includes the soil that is washed into streams which muddles water and fills up reservoirs and waterways.

Natural water contains many type of organisms. When the organic content is high in water, many protozoa, bacteria and algae grow and there may be thousands of micro-organisms in every millilitre. These organisms reach in water through many sources but most of them are not always harmful. Many organisms enter the child's body through drinking water, but all these organisms do not spread diseases. The diseases most often spread by water among children or adults are the intestinal infections. Typhoid fever is spread by the presence of Salmonella Typhi, cholera is caused by Vibrio Cholerea germ, amebic dysentry is caused by the presence of Antamoeba Histalyteces in water.

Impurities of water

1. Dissolved impurities—These include gases, salts and minerals. This becomes impure by the presence of carbonic acids, chlorides, calcium, and magnesium salts. The impure water may contain iron, lead, and many other organic elements.

2. Suspended impurities—These impurities are inorganic, for example sand, silt, mud and many other impurities received through animals and plants.

Air Pollution

A child can live without food for five weeks, and without water for five days, but he cannot live without air for even a few minutes. Thus, air is the most vital of all the resources. The air around the child involves different air contaminants in different areas. The important bacteria and viruses found in the air are penecilium, rizopus, yeast bacillus, subtilus etc.

The main pollutants of air are gas, dust, fumes, vapours and smoke. The unborn substances found in smoke are of particular importance—benzpyrine, one of which may play a role in the development of cancer; the aerosals are so fine that they can easily penetrate the lungs of children and in addition to being harmful, may also act as carriers of microbes and viruses. In addition to this, polluted air also affects eyes and throat of the children and produces irritation and is believed to cause more serious harm to the respiratory system and heart. Polluted air gives rise to many other diseases like chronic bronchitis, asthma, emphysema, lung cancer and other heart diseases among children. In general, it is believed that environment with polluted air is harmful to infants in particular. Common air-borne diseases are cold, influenza, chickenpox, measles, mumps, whooping cough, etc.

Though plants and animals help in purifying the air, but they also poison this with the many gases they produce, for example, carbon-dioxide, hydrogen sulphide, amonium hydrogen sulphide, carbon bisulphide etc. Age of the child and his immunity to disease is increased by the use of fresh and pure air.

Soil Pollution

Man is dependent on soil for his food and the fertility of land depends upon the presence of many micro-organism in it. These are mostly present in moist soil. Common micro-organism present in soil are protozoa, algae, fungi and other bacteria.

The diseases caused by soil pollution among children are many kinds of worms. Most worms live in the gut and lay ova which can be seen with a microscope. Worms can cause loss of weight, abdominal pains and occasionally dysentry in children. Hookworm causes anemia and strongyloides causes a skin lesion called creeping eruption in children. Threadworms make a child's anus itch.

Worms are different from virus and bacteria. A virus or a bacteria can go into a child and multiply into millions inside the body. Most worms multiply by going outside a child's body into the soil, and then re-entering into the child. This is called the worm's life cycle. For example, hookworm live in the gut and stay there by biting into its wall. Each hookworm lays many thousands of ova which are passed in the child's faeces. When ova get into the ground they hatch and become larvae. These larvae change into a second kind of larvae which enters the child's body through the skin whenever he walks on them with no shoes, or sits on them with bare buttocks.

DIET

Next to air and water, food has been basic to our existence.

It is important in the attainment of the child's normal growth and development and maintenance of health.

Nutrients – A nutrient is a substance which functions in energy giving, body building, repairing, protecting or regulating the body processes. Shortage of essential nutrients affect the child's health and well being. Nutrients are defined as the constituents of food which must be supplied to the body in suitable amounts. These are carbohydrates, proteins, fats, minerals, vitamins and water.

Composition of nutrients—Carbohydrates are made up of carbon, hydrogen and oxygen. They are either simple sugar which are soluble in water, or polymers such as starch, which forms the largest part of a child's diet.

Proteins – Proteins are made up of a number of nutrients called 'amino-acids'. These contain carbon, hydrogen and nitrogen. Most of them contain sulphur and some contain phosphorus too. Some specialized protein contain iron, iodine and copper. The child needs good food protein to continually increase the size of every part of the body and also to repair wear and tear. Most natural foods contain protein. Meat, poultry, fish, eggs, milk are the food richest in it. They are the only food that supply "complete proteins"—that is to say, they contain the complete variety of protein elements (the essential amino-acid) that the human body needs. That is why a child should be averaging a pint and a half of milk daily, and also receiving either meat (or poultry or fish) or eggs daily, preferably both. Next in importance are the proteins in whole grain, cereals, nuts and mealy vegetables (Soya and other beans, peas). However, these grain and vegetable proteins are only fair in amount and are "incomplete". Whole wheat for example, contains some essential protein elements, while beans contain others. If a child is eating a variety of whole grains and vegetables, they will supplement the proteins from grains and vegetables. In other words, various foods, when eaten together in a mixture in the meal, is much more nutritious than that of the individual food proteins when eaten separately.

Food sources of proteins – Plants are the primary sources of protein, as they synthesize protein by combining nitrogen and water from soil with carbon dioxide from the air. All animal and fish depend on plants to provide them proteins.

Pulses, nuts, oilseeds, milk and milk products, eggs, fish, poultry and meats are good sources of protein in child's diet; cereals and their products provide 50-70% of protein in Indian dietary. Food sources of proteins are presented in Table 1A. As mentioned earlier, including two or more sources of protein in each meal helps to improve the quality and utilisation of proteins.

TABLE 1A

Food Sources of Proteins

Food	*Protein Content Per 100 gm edible proteins*
Dal and pulses	20-25
Nuts and oilseeds	17-28
Milk	16-32
Egg	3-4
Fish, meat, poultry	13
Cereals	15-26
Vegetables	6-13
Mature beans and peas	4-8

Fats—Fats are the most concentrated forms of energy giving foods, and are not soluble in water. These are the organic compounds which are made up of carbon, hydrogen and oxygen. Phosphorus and nitrogen may also be present.

Each gramme of oil or fat supplies 9 calories. They constitute an important part of our daily diet. Being concentrated fuel they reduce the total bulk of food in the meal. The presence of fat in a child's diet is important as they carry fat soluble Vitamin (A, D, E, K) into the body and help in the absorption of these vitamins. When a child's diet contains more fat than is needed for fuel, the extra is stored under the skin and other regions. Conversely eating too little 'fat' causes the body to use up some of its own fat and become thinner. "The fat pad" which all children have to a greater or lesser degree, serves not only as a store house of a fuel but helps, like a blanket to keep the child warm.

Food sources of oils and fats—Oils and fats are obtained from plant and animal sources. The food sources of fats are listed in Table 1B. Vegetable oils include those extracted from ground nuts, sesame or gingelly, mustard, sunflower seeds, cotton seeds, coconut and palm. Butter and ghee are animal fats, extracted from milk. These food sources contribute visible fat in the child's diet.

TABLE 1B

Food Sources of Oils and Fats

Food	*Per 100 gms*	*Calories per 100 gms.*
1. Vanaspati	100.0	900
2. Ghee	99.5	895
3. Oilseeds and nuts	37.0	537
4. Coconut fresh	42.0	444
5. Butter	81.0	729
6. Oil, vegetable/ Cooking oil	100.0	900
7. Egg (hen)	13.3	173
8. Milk (cow)	4.1	67

Minerals—There are about thirty mineral elements present in the body. Out of these 14 different elements are required by the human body for health and growth. These include calcium phosphorus, sodium, chlorine, potassium, magnesium and sulphur, iron, iodine, etc. These minerals play a vital part in the structure and working of every part of the body. The hardness of bones and teeth depends on calcium and phosphorus. The substance in R. B. C. that carries the oxygen to all regions of the body is made partly of iron and copper. Iodine is necessary in the functioning of the thyroid gland.

All natural unrefined foods (fruits, vegetables, meat, whole grains, egg, milk) contain a variety of valuable minerals. But the refining of grain and the prolonged cooking of vegetables in a lot of water removes a great deal of it. The minerals most likely to be insufficient in the diet are calcium, iron and in certain areas, iodine. Calcium occurs in small amounts in vegetables and some fruits, plentifully in milk and cheese. Iron is supplied by green, leafy vegetable, meats, fruits, whole grain but more abundantly by egg yolk. Iodine is missing in some inland regions where the drinking water, vegetable and fruits lack in it, and seafood is not available. For such regions, table salt (iodized) should be included in the child's diet.

Vitamins are organic substances present in small quantities in foods. They cannot be produced in the body and therefore have to be supplied through diet.

Vitamin A is necessary to keep healthy the lining of the bronchial, intestinal and urinary system and various parts of the eyes, including that which enables the child to see in dim light. The body gets it plentifully from milk-fat, egg yolk, liver, green and yellow vegetables, and vitamin drops. The main cause of Vitamin A deficiency in India among children are because most of the children are on starvation diet or cannot absorb it because of serious intestinal disorders.

Vitamin D is needed in large amounts for growth, particularly of bones and teeth. It helps get calcium and phosphorus, which are in the food in the intestines, absorbed into the blood and deposited in the growing parts of the bones. That is why it should be added in the diet of children, especially in the period of rapid growth in infancy. Sunrays shining on the fat that is under the children's skin manufactures Vitamin D right there and that's how they naturally get it when they live outdoors. The other sources are eggs, butter, fish. The children who do not get enough sunshine should be given milk containing Vitamin D.

Thiamine (B_1) is essential for normal functioning of the nervous system and the heart. It is also essential for normal growth. Nearly all food except sugars, fats, and oils contain some thiamine. Whole grain, milk, eggs, liver, meats and certain vegetables and fruits are especially rich in it. It is destroyed by long cooking.

Riboflovin (B_2) like thiamine is needed for the growth of the body. It occurs abundantly in liver, meat, eggs, milk, green vegetables, whole grains, and yeast. Niacin is the most stable of the B complex vitamins. Since it is involved in the utilisation of carbohydrate, its requirement is proportional to the total calories in the diet. It occurs abundantly in about the same foods as rivoflovin. Meat is a rich source of niacin. So also are groundnut, milk, eggs and fruits.

Ascorbic acid (Vitamin C) helps a child to build resistance to infection, and helps in the absorption of calcium and iron. It occurs most abundantly in oranges, lemons, grape fruits, raw tomatoes and raw cabbage. It also occurs in fair amounts in several other fruits and vegetables, including potatoes. It is necessary for the development of bones and teeth of the children. Deficiency is commonly found in babies living on cow's milk without orange or tomato juice. The inclusion of Vitamin C by adding raw vegetables and fruits is good for children.

Water and Roughage—Water provides no calories or vitamins but it is vitally important in the make up and working of the body. A child's body is 60% water. A child should have a chance to drink water between meals in hot weather. Most foods are largely composed of water too, and that is how the child receives most of his daily need.

Roughage means the fibres in vegetables, fruits and grains that our intestines can't digest and absorb. This should be included in sufficient amounts in a child's diet to help him in the normal bowel movements.

The fuel value of food is measured in calories. Water and minerals have no calories—that is, they have no fuel or energy in them. Fat, sugars, and syrups are very high in calories, because they are wholly carbohydrates and contain no water as undigestable roughage. Meats, poultry, fish, eggs, cheese are also high in calories because of their combinations of protein and fat.

Sensible Diet

We don't judge a balanced diet on calories alone or on vitamins alone or on minerals alone. Every child in the long run, needs a balance of low and high calory food. Roughly speaking, the following are required every day:

1. Milk (in any form), preferably 1½ pints
2. Meat or poultry or fish
3. An egg
4. Vegetables, green or yellow, twice a day, some of it raw
5. Fruits, 2 or 3 times, at least half of it raw, including orange juice (extra fruit can substitute for vegetables and vice-versa)
6. Starchy vegetables, twice a day
7. Whole grains – chapati, rice.

TABLE 2A

Sample Meals

6 Months Old Child:	
6 A. M.	Milk
9 A. M.	Juice—Orange/tomato
11 A. M.	Farex with banana or dal soup
2 P. M.	Milk
4 P. M.	Stewed fruit
6 P. M.	Egg yolk
8 P. M.	Last milk

TABLE 2B

Sample Meals

7-12 Months Old Child:	
Morning	Milk
Breakfast	Egg yolk, orange juice
Mid-morning	Any fruit
Lunch	Cereal or rice, meat soup, dal
Evening	Milk
Dinner	Mashed vegetables, potato noodles *or* cereals, pudding, boiled vegetables
Between meals	Fruit or tomato juice, bread with butter or jam, biscuits

SLEEP AND REST

Sleep is the most complete and satisfactory of all rests and is as absolutely essential for physical and emotional well being of children as it is for adults. The amount of sleep children need, is closely related to the rate of growth, varies from year to year, and from individual to individual, depending upon the health and physical condition of the child. It is, therefore, difficult to make hard and fast rules about how much sleep a child should have at a given age.

Each infant in his earlier months, evolves for himself the various internal "clocks" that will establish a regular pattern of hunger wakefulness. The kind of rhythm that is worked out is based on a mutual adjustment between the need dictated by his health pattern, and the schedule set by his mother.

From five or six years onwards, there are great variations in sleep needs. During the first full days of school, children are likely to be exhausted, and parents should keep a careful eye on them to make sure that they are getting enough sleep. Emotional and physical well being is usually, the best indicator that the child is getting enough sleep for his own make-up and for the demands of his daily schedule. In periods of rapid growth, there is also a definite need for additional sleep. In many homes it is found that there is no regular bed time for children. They are allowed to play till late at night. In other homes no special consideration is shown for the children and they have to keep awake till dinner time which may be very late.

Establishing good sleep habits—Sleep habits of children are the results of experiences accumulated from babyhood. The soundest basis for restful sleep is fatigue after an active, happy day, and the absence of over-stimulation or unpleasantness before bed time. The time for bed, and the routine accompanying it, should be consistent but not overbearingly rigid. The young child should not be given a heavy meal before he goes to bed, although a nutritious snack may become part of the routine. The bed should be comfortable and the bed clothes of the right size and weight. The room should be free of noise and other disturbing activities, and should not be too hot or too cold. Familiarity with a routine and bedroom is a strong aid to good sleeping; when a child finds himself in a strange bed or in a strange place his sleep may suffer.

Often a child's attitude towards going to sleep is a reflection of family feelings on the subject. In the households where sleep is looked on as a boon and a restorer rather than a duty to be faced grimly or a necessary evil, youngsters ordinarily approach it happily. There are common difficulties connected with sleep problems though these are outgrown in the ordinary course of development.

Serious sleep problems can occur in families where discipline is too strict and unyielding. Chronic fatigue that is the result of a prolonged loss of sleep due to illness, emotional difficulties, or inadequate supervision requires the attention of a doctor.

Requirements of sleep

First few weeks	—	most of the time except when being fed or bathed
2-3 months	—	18-20 hours
6-12 months	—	twelve hours at night, morning and afternoon naps
2-6 years	—	12 hours at night, one long nap in the afternoon

EXERCISE

The baby gets his exercise by kicking, throwing his arms and legs around freely and by crying. Children are as active as they are, not merely out of curiosity, but because they have a need for activity. This need ranks as highly with them as the requirement they have for food, shelter, and love. growth and exercise are correlated. It helps in keeping the body weight and digestion system fit. The proper inhaling of oxygen and breathing out carbon-di-oxide helps in increasing the oxidation of nutrients and use by body tissues. Many diseases can also be cured by advising different exercises to children. The mental level can also be heightened by doing exercises.

ROUTINE HABITS AND PERSONAL CLEANLINESS

The proper management of a personal sanitation routine effects the general health of children and keeps them away from many diseases.

Elimination—The elimination of waste products is necessary for the well-being of the whole body. A regular time for this should be fixed. It is usual and normal for a child to have bowel movement once a day. Some children have it twice a day. Other routine habits of feeding, bathing, going to bed etc, regulate this habit.

Urine Control—It is also termed urine traving. This is another important habit of children which needs to be regulated. Bladder control tends to be slightly slower than bowel control because it is easier for the anal valve to hold onto a solid than for the urethral valve to hold out urine. The children between 1½ to 2 years should learn not to wet their own clothes, or pass urine anywhere.

Brushing Teeth—Brushing teeth with a finger or with brush should be taught to the child as early as possible. He should be taught to clean his teeth regularly in the morning and after every meal to avoid any dental problems. Sugar normally collects on teeth and after fermentation dental cavities are developed. The food particles lead to excessive production of lactic acid by the bacteria which feed on sugar and starch. The acid dissolves the outer covering of the teeth, producing small holes or cavities, which allow further lodging of food particles which will meet greater bacterial growth leading to further production of lactic acid and enlargement of cavities from further destruction of teeth. A vicious circle is set-up. The worst offenders among various sugar foods are candies, chocolates, toffees or anything sugary that sticks to the teeth. So we must encourage the child to wash his mouth. Some sugars for example, that provided by fruits, such as apple, is dilute and is washed away easily. The nose and mouth of the children should be kept clean to avoid any unhealthy signs in them.

Regular Bathing—Bathing regularly is also considered to be one of the important routine habits to keep children healthy and free from many diseases which may develop because of a dirty body. A warm or cold bath should be given to children everyday. Messaging oil before a bath is good for the skin of children. The proper cleaning of many organs while taking a bath should also be done to avoid unnecessary dirt on them. Clean skin will be free from many skin diseases. Skin helps in elimination of many salts. These salts are collected over the skin in the form of dirt. They block the skin holes and lack of cleaning will give rise to many diseases like eczema, scabies and many other types of fungus. The daily bath increases the blood circulation in blood capillaries. The cleaning of hair is also a must to avoid dandruff and ticks in them.

The Nails—Many unwanted substances are collected in nails which are harmful for the health of children. Dirty nails may help in developing many fungal infections. The children should be taught to keep their nails clean. The cutting of the nails at regular intervals is also necessary.

CLOTHING

Clothing should be selected according to the season. The clothes which are in direct contact with the body should normally be cotton, since cotton helps in the absorption of sweat. Woollen clothes help in preserving bodily heat. In winters if proper woollen clothes are not used and heat is lost, then to secure against heat loss children have to eat more heat giving foodstuffs. Terylene and nylon are more durable and easily washable clothes but they catch fire easily.

Cleanliness of clothes is also as important as personal (bodily) cleanliness. Dirty clothes may produce bad odour and may develop many skin diseases in children.

FEEDING

A child's eating habits reflect his nutritional needs, the degree of maturity of his body, the food habits and attitude of his parents, his personal satisfaction and dissatisfaction, and the impact of the economic and social world upon him. The acquisition of good eating habits is to be considered one phase of growing up. Good food habits can be said to include.

1. A good appetite to ensure eating enough food.

2. The experience of eating and enjoying the food which furnishes a well balanced diet.
3. An interest and willingness to eat a widening variety of foods so that the child is guaranteed an adequate diet.

Every child at birth has the basis for establishing good eating habits, namely, the hunger drive. From the early weeks of life taste discrimination is present and provides a basis for the development of selective appetite or the liking and disliking of certain foods. A healthy child will eat better than the child who is not well. However, when he has a cold, a sore throat or a greater incapacitating illness, he may not be interested in food. Such an illness may be the beginning of a chronically poor appetite if the adults fail to appreciate the child's temporary disinterest in food and either urge him to eat or express undue concern about him. Children with chronic illness and foci of infection, such as diseased tonsils or teeth, cannot be expected to have keen appetites.

A child's physical habits will strengthen or impair his appetite, and thus his interest in and attitude towards food. Regularity and the spacing of meals, satisfactory elimination, plenty of exercise, fresh air and sunshine, and enough sleep and rest to permit recuperation from activities and stresses of the day are important.

The quantitative as well as the qualitative aspects of eating habits may be affected by home. Good eating habits are learned best in an environment that recognises and permits changing behaviour with advancing maturity, that promotes good mental and physical healths, provides pleasant experience with good food, and furnishes an opportunity for learning to make wise food selection.

The conditions under which the food is eaten influences the use the body can make of it. A leisurely, pleasant mealtime permits proper mastication, which prepares the food for digestion by breaking it up and mixing it with saliva and also makes the normal flow of the digestive juices possible.

PLAY

Play is a spontaneous activity. It is innate in all human beings, even in animals. Many explanations for the play of children have been put forward in terms of its nature, causes and function. Herbert Spencer tells us that play is the expression of the superfluous energy of the child—the energy which is not used up in work. Lazarus and Steinthal, on the other hand, state that children gain recreation through play. According to Karl Gross, play is a device for helping the child to prepare himself for the serious business of life. Karl Buhler regards play as an activity that yields "function pleasure". The child learns the meaning of things and the relation between the object and himself through play.

Play is the first work the child learns to do. Shakespeare wrote : "Play is the superb medium to gain knowledge and learning." It is through play that children train themselves for useful work when they grow up. Play also helps to build a healthy physique and a sound mind. It is also essential for the development of a normal, well adjusted personality. It gives the child a chance to develop physically, emotionally, mentally, socially and morally in a way that no other single type of activity can. The child who has little chance to play is far less likely to become a well adjusted and healthy adult than the child who spends most of the day playing. Just as an adult is supposed to put in a good day's work, so is a child supposed to put in a good day's play.

Play has many values for young children. The most important are :

1. Outlet for extra energy.
2. Development of all parts of the body—bones, muscles and internal organs.
3. It is an exercise which develops good appetite and healthful sleep.
4. Play enables the child to learn how to control the body.
5. Play develops many skills that will be useful all through his life.
6. Development of the ability to keep the mind on the task at hand.
7. Encouragement of creativity.

8. Chances to discover the meaning about things in the environment.
9. Play is the best way to get rid of many emotional outbursts like anger, fear, jealousy and grief.
10. The child becomes socialised and learns to get along with other children.

Children who suffer from any physical state that saps energy have little desire to play. A variety of play activities are essential to satisfy young children's different needs. Along with this there should also be balance. Children need balance if they are to get the benefits that normally comes from play. For example, children should not spend too much of their play time alone, making things with sand, crayons and paints. That would leave too little time for the play activities that lead to healthy muscle development.

Children suffering from many frustrations, emotional deprivations, and lack of understanding on the part of his parents can be treated with play therapy. It reduces psychic tension and helps the child to accept himself as he is, with all his "limitations and sins, his bad impulses and wishes".

RECREATION

Apart from play the main types of recreation children can enjoy are:

(a) Television—Nothing holds a child's attention better than something that moves. In T. V. the appeal to the eye is also made more impelling by the sounds which go along with it. Television is considered the main source of recreation these days. There is nothing harmful in having our children watch television. It is interesting and educational at least as often as it's scary or insipid. Make-believe offers children an extravagant outlet for their desires. They may daydream about a magic wishing wand, about galloping on a fine horse. Television lends reality to these dreams—children can see then not merely in their mind's eye, but on the T. V. screen.

(b) Comic Books—Many children become attracted to comic books. Reading doesn't come easily to children. It's easy for them to become discouraged and bored by the process of learning how to read, to say nothing of the dull material they are required to read for many years. Comic books, by way of comparison, are so much easier for them to tackle. It's no wonder that children select them during those times when they feel like playing passively. Another reason for the popularity of comic books among children is their degree of exaggeration. Children are easily attracted to this. Comic books offer them the opportunity of imagining their wishes come true.

Many children show only an occassional or casual interest in comic books. If a child spends considerable time daily with comic books, then he will certainly develop addiction for this. Such children have either few play opportunities or they have been unwillingly discouraged in the recent past from learning how to take advantage of play. Laying down the law about comic books is the worst way to go about it. For such children we got to offer something more, something better and something more quickly. This means lots of books, lots of games, lots of thing to do, lots of children and fewer restrictions.

(c) Motion Picture—Generally, children under six have neither the attention span nor the ability to remain quiet long enough to enjoy full-length motion pictures. With the exception of some outstanding productions specifically designed for children, they are, in fact, rarely taken to movies for their own benefit. Since children, by and large, do not actively, want to go to movies until they are at least of school age, it is unwise to expose the pre-school child to movies largely designed for an adult audience.

RULES FOR CHILD'S HEALTH AND HIS SAFETY

1. Mental State of a Child—The balanced mental state of a child is recognized as an essential and inseparable part of a child's total health. The child having poor mental health is more handicapped in life than one having poor physical health. Mental health hazards are closely linked with the organization of society. Every society imposes restrictions on the behaviour of the growing children to behave in acceptable ways. These shared experiences, which mould behaviour in each society into a pattern, set up their own special stresses, may result in emotional problems which not only severely limit the pleasure one derives from living, but frequently also result in physical illness.

2. Intelligent Use of Diet—There are children in all income groups who show signs of mal-nutrition. Nutritional deficiencies are common in all developing countries, specially among families of low income and poor education. The problems of mal-nutrition and under-nutrition is quite common in India and is one of the major problems of the present day. For performing metabolic functions, the body requires an adequate supply of nutrients and when this is not sufficiently available in the diet of a child, nutritional deficiency diseases may result.

3. Living with Others—As civilization extends its control over the physical and social environment, social factors become increasingly important to survival and health. A high level of emotional health is essential for pleasant relationship with neighbours, and the family members. The surroundings around the child and his adjustment to those surroundings will also help him to be healthy and physically normal.

4. Disease Prevention—Among the most traditional of the factors promoting health is the prevention of diseases. This is done by immunization. Some diseases are controlled by public health methods such as eradication of mosquitoes, and the assurance of safe food and drinking water. By doing so, many water born diseases can be prevented.

Each year more than 80 million children are born in the developing world, and each year about 5 million of them die from contagious diseases. Just 10 percent children are protected through vaccination. In addition to those who die, many are disabled through brain damage, paralysis, stunted growth, chronic lung diseases, deafness, and blindness. Immunization can also protect children against diphtheria, whooping cough, tetanus, polio, measles and tuberculosis.

5. Choosing Best Health Service—Much of the general improvement in health today is due to better living standards and improved health services. Parents are responsible for selecting the best health service from those available in the community. They must particularly choose the doctor carefully. Many of the hospitals in our country do not meet the minimum accredited standards. However, it has been noticed that the quality of care received, mainly depends upon ability to pay. The poor children often have to go without proper medical treatment.

Unfortunately, the health services, in the old and cheaper traditional forms, are simply not equipped to handle new types of problems in our country. Medical services should also include parent education. Parents are often deplorably ignorant about many aspects of childrens' health.

6. Protecting the Environment—The child's continued survival on earth, depends upon his maintaining an environment favourable to his welfare. One of the most critical problems is the pollution of the environment. The main types of pollution which affects the child's health are air, water and soil. Many measures have been developed on a global scale to protect the present and coming generation from such formidable threats as industrial pollution, population explosion, etc to which children, in their formative years are specially vulnerable.

FAMILY RELATIONSHIP AND HEALTH

Home is the place the child comes back to. It is the place where all his nutritional, emotional and social needs are fulfilled. Not all members of the family exert equal influence on the child. How much influence a family member will have depends largely upon the emotional relationship between him and the child. These relationships in turn help in making the successful mental development of the child, and influence his health to some extent.

Parental attitudes have a strong impact not only on family relationship but also on the physical fitness of the child. Most of those who are physically fit come from homes where parental attitudes towards them are favourable and where a wholesome relationship exists between them and their parents. Such a relationship produces happy friendly children who are appealing and relatively free from anxieties and other mental diseases.

Unhealthy children, by contrast, are usually the product of unfavourable parent-child relationships. Children who are deprived of a healthy mental environment at home are seen suffering from many health problems—mental as well as physical.

The size of the family to some extent affects the health of children. The joint family system which is common in India, helps to produce healthy children. The nuclear families are normally of small size and this helps parents to have more personal contact with the children, and they can pay special attention to the emotional and physical needs of their child. The lesser the number of children, the more attention that can be paid to their demands. The larger the family, the greater the burden on the parents.

The spacing of the arrival of children affects child's health also. Parents who have their children very quickly after marriage find themselves under great economic pressure, particularly if they are married at an early age. Opportunities for better nutrition and health care are difficult, and such parents are also more likely to lose interest more quickly in their children, thus making them unhealthy by not fulfilling their basic needs.

Socio-economic status determines to a large degree the paucity or abundance of those conditions which are conducive to healthful living. The effect of environment upon the health of children is not always easy to determine since illnesses during childhood are predominantly acute—infectious diseases and acute respirator diseases which affect both rich and poor. It is the chronic diseases which come later in adulthood which show a class-difference. Poverty is one of the basic cause of malnutrition. We must realise, of course, that the poor physical condition of low income-group children springs from more than their lack of proper food, shelter and medical care. Several factors contribute to their poor condition. Some of the parents of these children are themselves suffering from long term malnutrition and chronic diseases and therefore lack the vigour and ambition necessary to improve the condition of their children.

Housing is one of the indices of the economic status of a family. Poor housing is frequently accompanied by inadequate food, insufficient medical care and crowding. Poor housing with its poor facilities makes the establishment of good health habits very difficult, if not, in some instances, impossible. Poor toilet facilities may interfere with regular elimination. Children of such families develop fatigue which is increased by the noise and confusion and the inadequacies of diet.

The increase in the number of working mothers in recent generations has invariably had a detrimental effect on children's health. This effect, however, is quite different from the effect of the father's work. The effect of the working mother is normally related with the child's age and provision made for his care. The very young child usually feels lonely and unhappy and does not feel emotionally secure, his health needs are not properly met, and also his diet is not properly managed.

9

Infant Feeding

The early years of a child's life are closely associated in nutritional importance with the mother. Growth is very rapid, particularly during the first year, and dietary adaptations are needed frequently. In the first few months of life, adjustments in homeostasis are also made, which relate especially to digestion and excretion, and to hormone secretion. Breast feeding is considered especially important at this time.

THE NUTRITIONAL REQUIREMENT OF THE INFANT

Energy Requirement

There are two fundamentally different kinds of food needs, termed energy requirement and structural requirement. The body requires energy for many activities, such as beating of the heart, digestion of food, and voluntary muscular activity. Energy is also needed for growth. Several studies have shown that caloric requirements of infants are considerably higher than those of the adult. The amount of energy needed in terms of calories varies from individual to individual and is dependent on a number of variables. It may differ with size—a large child requires more energy producing foods than a small child; it differs too with the *amount af voluntary activity*—a very active child requires more calories per day than a quiet one; it differs also in accordance with the *efficiency of the body in using foods*—some bodies are more economical in the use of foods than others; in some cases, food is more easily digested and absorbed than in others; finally, the need for calories depends on the *rate of growth*—the fast growing child will need more calories than the slow-growing child. A well rounded diet, with emphasis on the "protective" foods, will include sufficient calories.

Structural Requirements

The structural requirement covers the needs for material that go to make up tissue and to regulate the functions of tissues. These include some of the amino-acids from proteins, at least one digestive product of carbohydrates (glucose), some unsaturated fatty acid, minerals and vitamins. The child needs all of these in adequate amount for the building and repair of the bodily tissues. Since all foods do not contain all of these nutrients, a balanced diet of "protective" foods, that is food rich in essential nutrients, is necessary.

Feeding the Infants

The child develops rapidly during the first few years of his life. The first year is the period of highest growth. The weight of the infant at birth is 2.5-3 kg. It is doubled by the end of the 6th to 7th month, tripled at the end of the first year, and quadrupled by the end of the second year. In body length, the infant grows about 25 cm by the end of two years. It is, therefore, essential that the infant receives adequate food during this growing period.

Breast Feeding—After the birth of the infant the first feed should be of boiled water which is given 6-8 hours after birth. If the baby swallows and retains the water, breast feed should be started. Mother's milk is the best food for the baby during ts first few months of life because human milk is suited in every way to the infant's need.

The milk that is secreted during the first 7-10 days (colostrum) is especially rich in protein and protective antibodies. During the first week, the mother secretes about 10 ounces of milk per day. This may increase upto 40 ounces or more towards the end of the lactating period. One ounce of human milk supplies 20 calories of energy.

It contains protein of excellent quality for growth and furnishes all the essential amino-acids. During the first six months, the body needs about 2½ ounces of milk per pound of body weight per day, and during the remainder of the nursing period, this requirement is about 2 ounces. The baby should be kept on a 3 or 4 hourly schedule starting with 3 minutes on each breast and gradually increasing the time. During the night, a 6 to 8 hours interval is recommended.

Weaning—Weaning is a gradual process of withdrawal of the baby from the breast. Weaning is important both for mother and baby not only physically but emotionally as well. A mother who has set great store by nursing may feel mildly let down and depressed after she stops, as if she has lost some of her closeness with her child or as if she has become a less worthwhile person. This is an additional reason for making weaning a gradual process whenever possible. Weaning is of far great importance than we ever realized in the past because now-a-days we know that feeding brings the infant not only physical satisfaction but emotional satisfaction as well. The goal of weaning is :

1. To preserve the child's enjoyment of food and drink while we encourage him to make the change.
2. To preserve the loving attitude of parents towards him, and his towards them during this period of change.

Weaning starts around the age of 6 months and should be continued gradually during the next 6 months by reducing the number of breast feeds, because the mother's milk alone is not sufficient to sustain the growth beyond six months. In the strictest sense of the word, weaning means getting a baby used to drinking milk from a cup instead of seeking milk from the breast or bottle. In the broader sense, it also means getting the baby used to taking food by biting and chewing instead of by sucking. The best time to begin weaning is when the child is roughly nine months of age because at this time the child develops enough teeth, and also the ability to hold a moderate size cup.

Feeding the Weaned Children—To make weaning an easy adjustment for a baby, most of the doctors recommend that it be done gradually step by step. The weaning can begin around the age of 2 or 3 months, when babies start taking food in new forms and new methods. Weaning should be supplemented by suitable foods, rich in protein and other nutrients. These are called supplementary foods. Only one new food should be introduced at one time, and should be given to the baby at each meal for several days. There are two reasons for this :

(a) The baby becomes used to the taste and feel of the new food more quickly;

(b) It gives parents a chance to see if the food agrees with the baby.

Since babies do not have teeth when some new foods are introduced, the food must be properly strained or sieved so that they do not have to be chewed. The infant belonging to low income group families are generally fed after weaning on cooked cereals, which do not by themselves supply sufficient proteins, minerals and vitamins. The doctors here recommend that milk should be added to the food. As the babies teeth grow the food can just be mashed instead of sieved, and later it can be chopped in small pieces to encourage the baby to chew.

Milk is the ideal food supplement to the diet of a weaned infant. When it is not available, the diet can be made up by including sufficient quantities of other food groups such as cereals, pulses, vegetables, or curd prepared from soyabean and other malt foods. Since the capacity of the infant to digest coarse food is limited, the food preparation must be well cooked and free from fibrous material. The use of cereal and pulses add protein to the diet of children, green leafy vegetable supplement the diet moderately in various nutritional essentials, including iron, Vitamin A and Vitamin C. The vegetables should be mashed well after cooking. Fruits are regarded as protective foods, a rich source of Vitamin C, and they also help in absorption of calcium. Fruit juices are widely given to infants right from the age of 5 months.

Indian multipurpose foods (MPF) is a food supplement rich in proteins, vitamins, and minerals. It is prepared from specially processed groundnut flour, and Bengal gram flour and is fortified with essential minerals and vitamins.

Most of the foods needed by a baby can now be brought in a ready-to-eat form. As new foods are introduced into a baby's diet, meals begin to resemble those of adults, and as a result the baby can soon join the rest of the family. The feeding schedule also gradually becomes like other family members.

Sample Meals for Weaned Babies

At different ages different foods can be gradually introduced in the baby's diet. The outline of suggested ages for introducing new foods is given below:

1. Between 1-3 months—Orange juice, small amount diluted with water.
2. Between 2-6 months—Fruits, stewed and mashed.
3. Between 4-8 months—Vegetables, strained and mixed with formula.
4. Between 2-8 months—Meat, mixed with formula or milk.
5. Between 6-12 months—Potatoes, noodles, rice, eggs, (soft boiled), pudding, fish (boiled or broiled). etc.

After teething toast, *chapati* can be given to encourage biting and chewing.

Sample meal for 6-12 months

Breakfast : Orange juice, egg yolk, milk, cereal.
Lunch : Cereal or juice, stewed fruit, meat soup, milk.
Dinner : Mashed vegetables, potatoes, noodles, pudding, cereals.

Between Meals—Fruits or tomatoes juice, bread with butter or jam.

MEAL PLANNING FOR CHILDREN

Adequate nutrition depends on the composition of the requisite number of calories and the appropriate amount of protein, calcium, iron, vitamins and other nutrients. A child's food provides him with the energy and nutrients necessary for achieving a state of health and growth in accordance with his potentialities. Just as health means more than absence of disease, so the state of good nutrition means more than an absence of a gross deficiency. It is not enough to prevent a child from having ricket, scurvy or any other disease. It is important that his body be ready to do anything without undue conscious effort. This requires calcium rich rather than calcium poor bones and teeth and tissues that are well supplied with vitamins and other nutrients. This does not mean great quantities of food but rather a quality which is in keeping with the current knowledge of nutritional need for development and daily living.

Eating of essential foods by an individual depends upon the combination, preparation and serving of food as an attractive and enjoyable meal. The next step in planning the food is distributing these nutrients among the different meals in a day. These meals are—breakfast, lunch and dinner. Other than these, any item of food and drink consumed during the day also provides nutrients (excluding only water). Planning of meal depends upon the food needs, work and activities of the child.

All foods are not equally good source of nutrients. Some food, sugar for example, provides only calories. On the other hand one orange contains as many calories as sugar but in addition to that it has many other nutrients such as vitamins and minerals. Milk is outstanding in its contribution to the diet because of its diversity of constituents as well as richness in one particular element. It contributes protein of high quality, calcium, phosphorus, vitamin A, thiamine, riboflavin and bone iron.

Each mother needs to plan the basic diet of children in accordance with the prevailing condition, which includes :

1. Food resources,
2. The economy,
3. Meaning of various food to the mother.

The following foods provide a basic diet for growing children :

—Whole grain or enriched cereal or bread
—Raw green or yellow vegetables
—Green or yellow vegetables (cooked)
—Fruits (including a citrus fruit or tomato)
—Milk
—Egg

—Meat, fowl, fish or cheese
—Butter or margarine
—Some source of vitamin D.

The whole grains or enriched cereals give additional protein and calories, and are good source of minerals and excellent source of thiamin. Whole grain cereals are better than refined or milked cereals because much of the minerals and vitamins are lost in the milling process. Enriched wheat bread may be substituted in part for the whole grain bread.

Green and yellow vegetables furnish minerals, with special emphasis on iron, vitamin and roughage which aid in intestinal elimination. The citrus fruits or tomato is enriched to ensure sufficient vitamin C. Citrus fruits include orange, grapefruit and lemons.

Milk as already mentioned contribute protein of high quality, calcium, phosphorus and vitamin A. Its calcium value is of particular importance. There is approximately as much calcium in a cup of milk as in five cups of orange juice. Eggs are important because they furnish proteins of excellent quality, iron, riboflavin, thiamine, and vitamin A.

Meat, fowl, fish and cheese furnish additional high quality protein. Glandular organs have the highest nutritional value of all the meals. Thus liver and kidney are highly recommended for children. Serving one of these weekly will be very helpful.

Nature evidently expected the child to obtain his vitamin D from the action of sunshine on the skin, for there are relatively few foods that contain this vitamin.

Dietary Requirements of Infants

During the early months of life, nourishment comes mainly from mother's milk. In spite of the widespread recognition that breast feeding is the best for the infant, artificial feeding—specially in the form of bottle feeding is used when breast feeding is unsuccessful or inappropriate since infant formula provide the best alternative to meet the child's nutritional needs. Adequate nutrition can certainly be achieved through artificial feeding with infant formula. Most infant formulas supply

40-50% of their calories as carbohydrate, other nutrients in formula milk are based on the average levels found in human milk and are apparently sufficient for normal growth.

The lack of knowledge regarding proper feeding techniques, poor socio-economic status, irrational beliefs, superstitions and customs, and pre-occupations of the mother in other things figure prominently among the factors that make bottle feeding hazardous to the baby. Super-added infections, especially acute gastro-enteritis, as a result of dirt from poor hygiene and dirty hands. as also feeding bottles—constitute another danger of bottle feeding.

Iron and vitamin deficiencies especially those of C and D are common in artificially fed infants unless they receive supplements of these constituents at the appropriate time. Milk is occasionally fed to infants in such excessive amounts that other essential foods may be excluded. Milk alone cannot fulfil the nutritional need of infants in the first year. Other supplementary foods must be added in their feeding schedule. They may be fresh fruit juices for vitamin C, cod liver oil for vitamin A and D, strained cereals or mashed potatoes for calories, egg yolk for iron, and vitamin A and D, few strained fruits for minerals, vitamin and roughage. Butter supplies vitamin A and D and energy.

The artificial feeding can be started from the third or fourth months onwards. In all cases of artificial feeding, a little fresh fruit juices should be added daily. Orange juice is best, though the juice of lemons or tomatoes may also be used. The juice should be diluted with pre-boiled water and sugar. Carrot juice can also be given by grating and squeezing the vegetable through muslin.

Adding Solid Foods

Food tastes are formed early in life and then tend to persist. Many tinned foods are available in the market these days with different mixtures i.e., vegetables and starch, fruits and starch. Most often, the starches are refined rice, refined corn and refined wheat. The most valuable starch is wheat because of the completeness of proteins.

When the child is eight months old, he can be given a piece of stale bread, or *chapati*, or toasted bread. The suitable vegetable, fruits and meals prepared for the rest of the family can also be given in small amount to the child completing his one year. Minced meat or fish (with no spices) can also be added at times. Fruit is often the second solid added to the diet. Normally fruits are stewed, except for raw ripe banana. Fruits can be given at any one of the feeds, even twice a day, depending on the baby's appetite and digestion. Egg yolk is added in baby's diet because it contains valuable iron. A baby begins to need more iron for his red blood cells around the middle of the first year. Eggs should be started with a little caution, because it is one of the foods that is most apt to cause allergy. Only yolk can be used until the baby is nearer to one year of age, since the iron is mainly found in yolk and it is the white of an egg that normally causes allergy. Hard boiled eggs are recommended as it lessens the likelihood of causing any trouble.

Meats can be added to the diet of a baby as early as 2-6 months of age. Meats for babies should be finely ground or strained. The quantity of meat depends upon the liking of the baby and his body composition. After the baby becomes used to strained or scraped meat, other types of meat such as liver can be added.

Dietary Requirements of Infants

(1-12 months)

Age in Months	*Calories*	*Protein*	*Calcium*	*Iron*	*Vit. A*	*Vit. C*	*Vit. D*
	kcl/kg	gms/kg	gm	mg	IU	Mg	IU
1-3	100	3.5	0.3	3	1,500	10	400
4-9	100	3.5	0.5	4	1,500	15	400
10-12	100	3.5	0.6	6	1,500	20	400

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Common Ailments of Children

THE COMMON COLD

The common cold stands today as the most common infectious disease. No other infectious disease causes as much absenteeism from school, personal inconvenience and discomfort.

Symptoms and Causes—It is believed that 50 or more different viruses can cause the symptoms known as "the common cold"—sore throat, stuffy and runny nose, sneezing, coughing, and watery eyes. Most colds are started by a 'filtrable virus', which is a very small germ. It is believed that the virus can cause only a mild cold with a clear nasal discharge and perhaps a slight scratchy feeling in the throat.

The first symptoms usually include a scratchy feeling in the throat, a chilly feeling at a normally comfortable temperature and a fatigued feeling. A high fever is not a normal symptom of cold. Normally this cold virus is gone by the 3rd day, but mostly many more infections also accompany this virus since the cold virus lowers the resistance of the nose and throat, so that other germs can cause more trouble. Many bacterias such as streptococcus, the pneumococcus and the influenza bacillus enter the body. These bacterias are termed as secondary invadors and are normally present in healthy people's throats during the winter and spring months, but do not harm because they are supressed by the body's resistance. It is the cold virus that reduces the resistance and the germs get their chance to multiply and cause secondary infections, like bronchitis, pneumonia, ear infections etc.

Colds are caught by transfer of the virus from the nose and mouth discharge of an infected child. This transfer may be through direct contact, through droplets released in sneezing, coughing or talking, or indirectly through contact with eating utensils or other articles of the infected child.

Colds often seem to arise quickly after chilling or rapid cooling off after overheating. Many people believe that they are more susceptible to cold when tired or chilled, but this has never been proved.

Diet and vitamins play a part in the resistance of cold. Every child should be offered a well balanced diet. It is believed that children who are receiving too small an amount of Vitamin A in the diet may be more liable to cold and other infections, just as children who are suffering from rickets are more susceptible to the complications of cold, such as bronchitis. Age is also considered as the main cause of cold. Children between 2 and 6 years get more colds, and have them longer with more complications.

Psychiatrists feel quite sure that certain children are much more susceptible to colds when they are tense or unhappy. It is believed that nervousness may interfere with the circulation of the nose or throat so that germs have a better chance to grow.

Prevention—There are no set methods to prevent colds. Even if all reasonable precautions are taken, the average child can expect at least one cold a year or even more. Some common precautions such as avoiding unnecessary contact with children having colds, general good health through adequate rest and nutrition, warm clothing during a cold is important. The child should be kept evenly and comfortably warm and the clothing should not be too much or too little. No effective immunization against cold has yet been developed.

Treatment—Despite the introduction of many cold remedies, there is no specific cure for the common cold. The best treatment for a cold is total rest during the early stage. Aspirin often helps relieve some of the secondary bacterial infection, especially of the ear or sinuses, symptoms of which may linger on for weeks.

Though antibiotics are useless against the virus stage of a cold, they may be necessary to clear up the secondary bacterial infections. A rich and balanced diet is also recommended during colds.

CONSTIPATION

When the waste matter in the bowels is too hard to pass easily, or when bowel movements are infrequent, constipation is said to be present. When the materials in the intestine move too slowly, excessive water is absorbed through the walls of the intestine and the hard bowel movements of constipation are the consequence. The speed of the peristaltic movements of the digestive tract is influenced by diet and by emotions.

There is a wide natural variation in what is called 'normalcy' in bowel movements. Some normal healthy children have a bowel movement no often than every second or third day, yet are not really constipated. This irregularity is normally found in two-three years old children. The frequency of a child's bowel movements varies according to his individual body make-up, eating habits, and physical activity. Although one movement a day is average, it is not necessarily right for all children.

Symptoms and Causes—The normal symptoms of constipation are very hard stools, and irregularity in bowel movements. Constipation may also give pain to children. The water is absorbed by the intestinal wall resulting into hard stools. At times blood can be seen in constipated stools.

Causes of constipation are discussed below :

1. Irregularity in eating habits.
2. Non availability of food according to the child's need.
3. Absence of green leafy vegetables in food.
4. Absence of protein, oil and sugar in proper proportion in the diet.
5. Sufficient amount of fluid is not included in the diet.
6. Irregularity in elimination habits.
7. Any type of sickness.
8. Insufficient physical activity.
9. Emotional disturbance can also cause constipation.

Types of Constipation—Constipation may develop if the child is sick and is eating little. At other times constipation may be an early sign that he is getting sick. There are different causes for constipation and on the basis of these, constipation can be divided in different categories. The types have been discussed as below:

1. **Temporary constipation** –This type is normally the result of illness, specially fever. Any disease that can make a person feel sick all over, affects the entire stomach and intestinal system. The disease may decrease the appetite, slow down the bowels, and thus give rise to constipation in the child.

2. **Psychological constipation**—There are other varieties of constipation that are largely psychological in origin and that start most frequently between the ages of 1-2 years. If children at this age have one or two painful hard movements, they may tend to hold back for weeks or even months because of fear of pain. If they hold the bowel for a day or two, it gets hard.

3. **Chronic constipation**—This is less common in the older children. Chronic constipation sometimes has an emotional cause. When the child does not have a movement, he may smear the stool on himself or on other objects. This sometimes is associated with toilet training. The doctor should be consulted for this sort of problem.

Chronic constipation can be due to a disorder as Hirschsprung's disease. This is a rare but total type of constipation which is present from birth and causes a progressive distension of the abdomen. It is caused by a congenital absence of the nerves which normally cause the intestinal muscles to contract in a certain section of a large intestine. Diet has no effect. This type may need intensive investigation and perhaps surgical treatment.

4. **Spastic constipation**—In this kind of constipation, the stool comes out as a collection of small hard balls. It normally results on a cow's milk formula or on a regular solid food diet. The section of a large intestine goes into spasm and holds back small pieces of stool until they become dried into little balls. The cause of this spasm is still unknown. It can be helped by changing the diet pattern.

Treatment

1. The child should be given water and fruit juice in good amount.
2. A sufficient amount of roughage should be included in the diet, which should include vegetables and whole grain cereals.
3. Elimination habits should be made regular.
4. The child should be encouraged to do extra physical activities.
6. Milk of magnesia should be given to the child.
7. Glycerine or soap can be applied around the anus if the constipation is due to some illness or of spastic type.
8. The doctor should be consulted for a chronic condition.

DIARRHOEA

Diarrhoea is a water-borne disease characterised by frequent motions with mucus blood in the faeces. It is specially dangerous, even fatal for children. A healthy older child passes stool once or twice a day, or sometimes only once in two days. Normal stools are brown and solid. If the child passes fluid stools he has diarrhoea. Sometimes there is blood and mucus in these stools, or the stools may be green. Stools become green if they are passed so quickly that the green bile does not have time to become brown.

Parents should have some knowledge of baby care and nutrition, which helps to a great extent in preventing fatal diarrhoea. Frequent and liquid bowel movements dehydrate and weaken the body—specially that of an infant. Diarrhoea should be brought under control as quickly as possible.

Symptoms and Causes—Diarrhoea can be caused by a variety of disorders. Any diarrhoea with blood and mucus is named as dysentry. Diarrhoea means a significant loss of body fluid through the bowels. Therefore, movements that are only mild in loss, and that are only slightly more frequent than usual are not diarrhoea. In babies and young children it usually results from an intestinal infection.

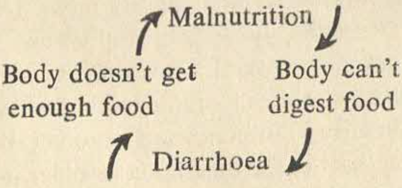
A baby's intestines are sensitive in the first year or two, and have low immunity to infections. They may be upset not only by the germ that cause diarrhoea in older people but by any vegetable, by cold germ or by any other germ that do not affect older children or grown ups at all. A mild diarrhoea can also be caused by too much sugar in the formula or by too rapid changes in the formula. The introduction of new foods too quickly, specially fruit and vegetables containing roughage may also cause loose bowel movements.

Diarrhoea causes dehydration. The stool of a child with diarrhoea contains a lot of water, and therefore a child with acute diarrhoea easily becomes dehydrated. If he is also vomiting he becomes dehydrated faster, because he is losing water from both ends.

Diarrhoea has many causes, but infections are the most important cause. Bacteria or viruses inside the gut cause infectious diarrhoea. Generally though not always these organisms are not dangerous enough to harm adults. Sometimes, diarrhoea is caused by infections outside the gut, such as malaria or tonsillitis. Severe measles often cause diarrhoea, sometimes with blood in the stool.

Dirty water and poor sanitation is considered as one of the main causes of diarrhoea. A child sometimes has diarrhoea if he eats a lot of a new food, or if a food has been kept in a warm place, organisms may grow in it and causes diarrhoea and vomiting. Sometimes milk may cause diarrhoea because it is given in a dirty bottle or because of lactose intolerance.

Malnutrition may also cause diarrhoea. Food is digested by substances called enzymes. A malnourished child cannot make enough enzymes, and cannot digest his food normally. Malnutrition also weakens the wall of his gut, so that he cannot absorb food. This food which he cannot digest and absorb goes out of him in diarrhoea stools. Micro-organisms grow more easily in this undigested food, and make his diarrhoea worse.



In older children, the cause of diarrhoea include anxiety, over-eating, infectious diseases, and allergies.

Symptoms—Many babies normally have more than one movement in a day. In the early weeks of life the baby may even have ten movements in a day. If the number increases and the stool becomes looser or changes the colour to a greenish brown the child can be said to have diarrhoea. The stool of the child may include blood, pus or mucus.

Even if the diarrhoea is mild, it is important to begin treatment at once. The most dangerous result of diarrhoea is dehydration and the loss of salt and other valuable minerals from the body.

Severe diarrhoea is characterised by watery stools passed frequently, pus or blood in the stools, vomitting and sometimes fever. The doctor should be consulted immediately.

Prevention—Infectious diarrhoea is usually caused by organisms which spread from faces to mouth through dirty water or unhealthy sanitary conditions. It is very difficult to maintain absolute hygiene but there are some of the things which parents can do :

1. **Breast feed**—Milk from a healthy breast is sterile and never causes infectious diarrhoea, even if the mother is pregnant. It contains antibodies which help to kill harmful bacteria, and prevent diarrhoea.

2. **Clean bottle or utensils**—Milk from a dirty feeding bottle which has not been cleaned and sterilised often contains many micro-organisms that cause diarrhoea.

3. **Clean drinking water**—Some people pass their faeces into rivers and then take their drinking water from the same contaminated river. Before use, the water should be filtered or preferably boiled, and then stored in covered vessels.

4. **Control of flies**—A mass of flies can easily carry harmful organisms from dirty places to a child's food. Food should be properly covered, and flies controlled by use of bleaching powder or phenyl lotion.

5. **Stop dirt going into a child's mouth**—There are many

harmful organisms on the ground. The child should be restricted from eating food which has fallen on the ground. The toys and spoons used by the child should be kept clean and dirt free.

Treatment—The diarrhoea patient should be given full rest. Diet during diarrhoea plays an important role than any medicine. The patient with acute diarrhoea should be kept on a liquid diet consisting of barley water, whey water, butter milk, etc.

To compensate dehydration, the child should be given extra amount of water. Home-made electral water—by mixing sugar, pinch of salt and lemon in a glass of water should be given at small intervals.

If the cause of diarrhoea is food poisoning then an anema should be given to the patient to clean his intestines, so that infected food is not left in the intestine. The doctor should be consulted immediately to know the exact cause of the disease.

Home level treatment—At the home level, the mother can prepare electral solution by adding half a tea-spoon of common salt and five tea-spoon of sugar to one litre of water. This solution can be used as the only method of treatment for patients with mild or more than mild dehydration.

The traditional practice of not giving any food to a person having diarrhoea should be given up. The patient should in fact be given the usual diet, so that his weakened body would get enough nourishment. Proper intake of fluid and continued feeding should be encouraged. The diarrhoea will not be dangerous if it is handled promtly and properly.

IMMUNISATION

Just as all kinds of seeds do not grow in every land, in the same way all types of bacteria do not affect everybody. For example, many people may drink contaminated water from one well but only few are affected by the bacterias present in that. This means the body of such people have favourable conditions for the development of cholera bacteria, or in other words we can say that such people do not have the strength to fight this bacteria. They lack the defensive mechanism of the body needed to fight which is called immunity.

A child only gets whooping cough once. He does not get whooping cough again because he becomes immune to it. He becomes immune by making antibodies, which are special protein in his blood. Antibodies 'fight' the organisms that cause disease, or the toxines (poisons) that organisms make. Antibodies fix into toxins and stop them causing harm. The antibodies which fight toxins are called antitoxins. A different kind of antibody fights each organism e.g., measles antibodies only fight the measles virus. They cannot fight malaria. The immunity can be divided into two groups :

1. **Active Immunity**—It is the immunity which a person develops as a result of infection by pathogenic organism or their toxic infection. This is further divided into two types :

(a) **Natural active immunity**—When a disease makes a child immune he has a natural immunity. This is purely a gift from God. For example, when a child is ill with measles, his body begins to make the special antibody against the measles virus. He goes on making measles antibody for the rest of his life. Thus he becomes immune and never has measles again.

(b) **Artificial active immunity**—When body defence or resistance to an infection is produced by introducing a protection from outside, it is called artificial immunity. We grow a harmful organism in a factory and kill them (dead vaccines), or make them weak (live vaccines). Because the organisms in a vaccine are dead or weak, they cause no harm. When we give vaccine to a child, he makes antibodies against the dead or harmless organisms of the vaccine. He has no symptoms, or only mild symptoms, such as a mild fever. The antibodies, which he makes, can fight the harmful organism of that disease, and so prevent him from becoming ill.

(2) **Passive Immunity**—When antibodies produced in one person are transferred to another to give protection against a disease it is called passive immunity. There are two kinds of passive immunity :

(a) **Natural passive immunity**—When a child is in his mother's uterus he acquires some immunity from her e.g., if she has tetanus and toxins in her blood, Some of these anti-toxins go from her blood into her child's blood before he is born. He is born with tetanus anti-toxins in his blood, and is immune to tetanus.

(b) **Artificial passive immunity**—We can give a child an artificial passive immunity by injecting antibodies into him which come from an immune person or animal. For example—we can inject tetanus anti-toxin into an injured child who might have tetanus bacteria in his wound. The anti-toxin makes him immune immediately before he has had time to make his own anti-toxin.

IMMUNITY

Active		Passive	
Natural	Artificial	Natural	Artificial
The child makes his natural active immunity himself, after he has had the disease.	The child makes his artificial active immunity himself, after we have given him a vaccine.	His mother gives him this while he is in her uterus.	When antibodies are injected into him.

So production of artificial active immunity to safeguard against a particular disease by introducing into the body, through injection or orally, an agent, is what is called immunisation. It is also termed vaccination or inoculation. The agent that is used to produce the immunity is called the vaccine.

Vaccines—A vaccine is a preparation of a disease agent or its toxic products, which when administered, stimulates specific antibody formation. Vaccines are of the following types:

(a) **Live vaccines**—Live vaccines contain live organisms. But we make these organisms weak so that they cause no harm. The live vaccines are BCG, polio vaccine and measles vaccine. The organisms in these live vaccines infect a child, grow in him and cause him to make antibodies against them.

(b) Dead vaccines—Dead vaccines contain dead organisms or toxoids. Toxoids are harmless substances which are made from the toxins(poisons) of bacteria. The vaccine against whooping cough contains dead bacteria. Vaccines against diphtheria and tetanus contain toxoids. These dead bacteria and toxoids are mixed together to make the DPT vaccine.

Live Vaccines	*Dead Vaccines*
BCG	Diphtheria
Polio	Whooping cough
Measles	Tetanus

Immunisation is available against a number of communicable diseases. The children must be immunised before the usual age when they have the disease. Very young children are not good at making antibodies, so we must not immunise children too early. There is a best age to give every vaccine.

Immunisation Schedule

Vaccine	*Type*	*Recommended Age*
1. D.P.T.	Injection	3-5 months Three doses of DPT with the interval of one month.
2. Polio	Oral	1-5 months Five doses of polio with the interval of one month.
3. BCG	Injection	First month
4. MMR	Injection	15 months
5. Booster D.P.T. Polio vaccine	Injection Oral	18-60 months.
6. Typhoid	Injection	1 year (Two doses with the interval of one month).

Small Pox vaccination is not required because the disease has been eradicated from India.

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